TABULAR DIAGNOSIS

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LEFTWICH

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AN AID TO THE RAPID DIFFERENTIAL DIAGNOSIS OF DISEASES

BY

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PREFACE

TABLES of diagnosis are far from being new, for every textbook of Medicine contains a few, and works on diagnosis contain more than a few. A collection of 350, as in the present work, is, however, quite unprecedented. This mode of exhibiting at a glance the divergencies of two otherwise similar diseases offers great and obvious advantages to a busy practitioner, and it is for him that the book has been written. For students, the author has been at some pains to make it unavailable as a cram-book. Cramming is bad enough for the budding Civil Servant, but it is disastrous for a student of Medicine. The former may safely forget in after-life a large part of what he once knew; but the medical student is bound in honour to retain for the benefit of his future patients as much as in him lies of the knowledge he acquired during his hospital training, and this is not to be done by cramming. Yet this book may be put to a valuable and perfectly legitimate use by students—namely, for *testing* their knowledge. It should be used as the self-taught student of a foreign language uses a key—not referred to until the learner's knowledge of a set portion of his work is deemed to be complete.

The tables are necessarily somewhat dogmatic. In Medicine, more than in most studies, there is no rule without an exception; and, to be strictly accurate, almost every statement should have

had a modifying prefix, much as "chiefly," or "generally." But this must be, as we used to say of Latin, "understood." When such terms are employed, it is because the exceptions to the rule are specially numerous. The numbers in cross-references refer to those of the tables.

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INTRODUCTION

THE problem that confronts every doctor who has been in practice for a few years is, "How shall I bring my methods and knowledge up to date?" It is chiefly in Diagnosis that he feels his deficiencies, for his weekly Journal keeps him informed as to the progress of Therapeutics; and since few can give the time or make the necessary journey to join a Post-Graduate Class, it becomes a question of books. His usual course is to buy a new edition of his favourite textbook of Medicine or Surgery; but he soon finds it a serious labour to separate the new from the old, and he is quite familiar with nine-tenths of its contents. What he wants is a book that will only tell him what he does not know. But this he cannot get, for the ignorance of no two men is alike, and he must be content to get a work which will furnish him with the knowledge he seeks at a minimum expenditure of time.

In this, as in my other works, I have left the reader to fill in for himself the verbiage, the rounded periods, and the somewhat laboured elegances of style which characterize so many medical works, and have laid before him the bare facts in such a way as to give the desired information at a glance. There is, of course, much that he already knows; but the manner of presenting the details here adopted will enable him to reject almost automatically what he knows, and to seize upon what he desires to know, and this in a fraction of the time that would otherwise be necessary.

Some may think that this is putting the matter on a low plane, but it is far from being that. In Elizabethan times a man could 'take all knowledge for his province," but in this, the twentieth

century, no one can acquire even all medical knowledge. However well and assiduously cultivated the mind may be, there will be patches of heath and tracts of desert, and it is only by a strict regard to method that these areas can be brought under even partial cultivation. The specialist may be able to read every monograph dealing with his own subject, but such a course is impossible for a physician, and emphatically so for a general practitioner. Life is too short. Were the attempt made, the result would be disastrous; for a false perspective would be created, and the reader, being full of the work last studied, would have a distorted and misleading idea of those that had preceded it. Since, therefore, it is impossible for a single brain to hold all medical knowledge, a good reference book becomes a necessity.

An alternative to a textbook lies in a work devoted to Diagnosis. This will be found to suffer from the cardinal defect that it deals either with Medicine or with Surgery, but not with both. The separation of the two has become unavoidable owing to the extension of knowledge; but Nature has drawn no sharp line between them, and there are many surgical conditions which may be mistaken for some disease within the province of a physician, and *vice versa*. Such works, too, are in many cases by no means so succinct as they might be.

A third course is to buy a Cyclopædia of Medicine and Surgery in twenty or thirty volumes, and this would seem to meet every objection. But it does not. Every student of a foreign language knows how much handier a small dictionary is than a large one. He can get the meaning of the word in a fraction of the time which a search in the larger work would entail, and he reserves the latter for occasions when the small one fails him, or is not sufficiently explanatory. To refer every question to a Cyclopædia means a grievous loss of time, and, *experto crede*, it is by no means always true that everything can be found in these colossal works. The omissions in some of the articles are almost incredible.

For rapid reference, there is nothing so serviceable as Tables; and a few are given in every work on Diagnosis and in almost every text-book of Medicine or Surgery, the arrangement being bi-columnar. What is believed to be a new feature in the present work is the arrangement of each Table into *three* columns instead of *two*. With two columns, it is necessary to insert the

name of each symptom or region twice over—once in each column, thus: Skin, dry; Skin, moist; Pulse, slow; Pulse, quick; and so on.

The method here adopted is to place the symptom, organ, or region in the first column and the word or phrase which qualifies it in the other two. This not only lessens the amount of reading necessary and consequently of time spent in consulting the table, but it has the added advantage that the reader in search of a particular symptom is able to alight at once upon it by simply running his eye down the first column. To make the work complete, several little known "signs" have been inserted and, where necessary, explained, and many of the less known diseases have been included. Some of these are really rare, but others are only "rare" because they are so often unrecognized. Perhaps it is not too much to hope that the present work will do something towards removing this reproach from the rank and file of the profession.

The tables, it must be admitted, are already very numerous; but many more could have been inserted had the differences been sufficient to warrant tabular form. In Surgery, and in most specialties, the tabular form is less called for, because a diagnosis is so often made by the skilled interpretation of a single symptom, and since the introduction as aids to Diagnosis of Bacteriology and X rays, the same is sometimes true of Medicine.

Bacteriology renders invaluable aid to Diagnosis; but that it is still incomplete is shown by the Directions sent out from the laboratories, which often require that detailed clinical observations accompany the pathological specimen. One would prefer the investigator to decide the nature of the specimen by pure observation. There is, too, the fallacy of the Typhoid Carrier, of the presence of Pneumococci in the healthy saliva, and that of *Bacillus fusiformis*, the organism of Vincent's Angina, which is said to be present in no less than 80 per cent. of normal throats. On the other hand, gaps in our knowledge are numerous; for there are no known pathogenic organisms for such common conditions as Measles and Varicella, while the humble streptococcus has been turned into a "maid-of-all-work." It is evident, therefore, that Clinical Medicine is by no means

superseded by Bacteriology. And the same is true of Radiography.

The value of X rays is greatest in Surgery; but they are often of vast assistance in Internal Medicine. Fallacies, however, do occur, and the writer ventures to suggest that some of the conclusions based upon the observations made after the patient has partaken of a bismuth meal may be found untenable. The ordinary dose of bismuth is five or, at most, ten grains, and in this quantity the effect of the drug in reducing the sensitiveness of the stomach and in benefiting cases of Diarrhœa is well substantiated. But, for purposes of Radiography, a hundred times this quantity is administered, and it is hard to believe that, in these enormous doses, it is without action. Control observations should be made with other metals, and, if the writer were a radiographer, he would try finely divided gold-leaf, bone-dust, or powdered auriferous quartz with the meal instead of bismuth. Even this would not be final, for the X rays may possibly lower the tonus of the longitudinal fibres and thus produce ptosis.

We were taught as students that the stomach lies transversely across the abdomen; we confirmed the statement by observing that this is its position in thousands of post-mortem examinations; we verified it in the living subject by percussion with or without previous inflation; we noted the same when the abdomen was opened at surgical operations; we thought that the tonus of the transverse colon and the resistance of the abdominal walls would keep it in that position even with the body erect; and we reflected that, *a priori*, this would be the natural position of an organ destined to act as a kind of churn for some hours before parting with its contents.

When, therefore, we are told that we were mistaken, and that X-ray observations prove that the stomach is often placed vertically, we rub our eyes, and are tempted to exclaim, in words slightly altered from those of Bret Harte:

> Do I sleep? do I dream?
> Do I wander and doubt?
> Are things what they seem?
> Or is visions about?
> Is civilization a failure?
> Or is the *clinician* played out?

TABLE 1.

	ACROMEGALY.	CRETINISM.
Age	20 to 30. Rare in childhood.	Begins in infancy.
Stature	Tall.	Short.
Head and Face	Thickened supraorbital ridges. Enlarged lower jaw.	Large ; flat-topped ; brachycephalic. Jaw normal.
Hair	Unaffected.	Scanty.
Thyroid Gland	Sometimes enlarged.	Impalpable.
Muscles	Normal.	Weak.
Spinal Curvature	Cyphosis.	Lordosis sometimes.
Fatty Pads	Absent.	On shoulders.
Eyes	Hemianopsia late. Sometimes exophthalmos.	Unaffected.
Vision	Sometimes weak.	Unaffected.
Polyuria	Occasionally.	Absent.
Thyroidin	Useless.	Valuable early.
Erb's Symptom	Present.	Absent.

SYMPTOMS IN COMMON.—Spade hand ; thickening of feet, nose, tongue, and lips ; some hebetude.

EXPLANATION.—"Erb's symptom"=abnormal dulness on percussion over the manubrium sterni.

TABLE 2.

	ACROMEGALY.	OSTEITIS DEFORMANS.
Age	20 to 30.	After middle life.
Stature	Tall.	Lowered.
Limbs	Hands, feet, fingers, and toes broadened and thickened ("spade hand").	Long bones thickened and much curved—femora outwards, tibiæ forwards. Hands and feet not affected.
Head	Supraciliary ridges thickened; cheek-bones prominent; nose and lips swollen; lower jaw much enlarged.	Uniformly enlarged, the face appearing small.
Skin	Coarse.	Unaffected.
Tongue	Large.	Unaffected.
Gait	Clumsy.	Weak and tottering.
Vision	Sometimes defective. Hemianopsia.	Unaffected.
Erb's Symptom (1)	Present.	Absent.
Temperature	Unaltered.	Raised in parts affected.
Menses	Absent.	Normal.
Voice	Often hoarse.	Unaffected.
Thyroid Gland	Sometimes enlarged.	Normal.
Polyuria	Often present.	Absent.

SYMPTOMS IN COMMON.—Cyphosis; bony enlargements; vague pains in limbs and head.

TABLE 3.

	ACROMEGALY.	PULMONARY OSTEO-ARTHROPATHY.
History	Rarely hereditary.	Old lung or heart disease.
Age	20 to 30.	Any age.
Enlargements of Limbs	Of feet and hands ("spade hand").	Of terminal phalanges and sometimes of lower ends of radius, ulna, tibia, and fibula.
Face	Superciliary ridges thickened; cheek-bones prominent; lower jaw enlarged.	Unaffected, except the nose.
Nails	Enlarged and thickened.	Curved.
Tongue	Large.	Unaltered.
Gait	Clumsy.	Unaffected.
Vision	Weak; hemianopsia.	Unaffected.
Exophthalmos	Sometimes present.	Absent.
Erb's Symptom (1)	Sometimes present.	Absent.
Spinal Curvature	Cyphosis.	Normal.

SYMPTOMS IN COMMON.—Enlargement of hands and feet; clubbed fingers; thickened nose.

TABLE 4.

	ACTINOMYCOSIS.	DENTAL ABSCESS.
Occupation	One connected with corn (agriculturists, stablemen, etc.) or with cotton (tailors or seamstresses).	Any.
Course	Slow.	Rapid.
Site	Usually near ramus.	Alveolus.
Pain	Moderate.	Severe.
Fever	Sometimes hectic.	Slight or absent.
Discharge	Turbid serum with small yellow granules.	Pus.
Cellulitis of Neck	Present.	Absent.
Organism	Ray fungus on Gram-staining mycelium.	Staphylococcus.

SYMPTOMS IN COMMON.—A painful, fluctuating swelling in upper or lower jaw; pyrexia; sometimes trismus.

[**Actinomycosis—Phthisis.** *Table* 264.]

TABLE 5.

	ALCOHOLIC COMA.—	APOPLECTIC COMA.
History	Of alcoholism.	Sometimes of previous attack, or of Bright's disease, syphilis, etc.—often of alcoholism.
Breath	Alcoholic.	Not usually alcoholic.
Consciousness	May be revived by ammonia.	Ammonia has no effect.
Temperature	Lowered bilaterally.	Raised unilaterally; hyperpyrexia when pontine.
Paralysis	No true paralysis.	Hemiplegia (unless pons or ventricles be the seat of hæmorrhage).
Pupils	Dilated—equal.	Unequal; or, if pontine, "pinhole" and equal.
Squint	Absent.	Common.
"Breites Bein"	Absent or bilateral.	On affected side.

SYMPTOMS IN COMMON.—Unconsciousness; stertor; flaccid muscles; slow and full pulse.

EXPLANATION.—Heilbronner's "Breites Bein" is the *apparent* broadening of the paralysed thigh, as seen when the patient lies on his back on a hard mattress.

TABLE 6.

	ALCOHOLIC COMA.	BELLADONNA POISONING.
History	Of intemperance.	? Of poisoning.
Skin	Moist.	Dry.
Delirium	Less marked than narcosis.	Very pronounced.
Throat	Unaffected.	Swollen.
Temperature	Lowered.	Raised.
Pupils	Moderately dilated.	Widely dilated.
Eyes	Dull.	Bright.
Urine	Sometimes incontinence.	Suppressed.
(?) **Bottle**	Containing spirits.	Containing liniment.
Pulse-Respiration Ratio	4 to 1.	6 to 1.
Pulse	Slow.	Quick.

SYMPTOMS IN COMMON.—Unconsciousness; dilated pupils; delirium.

[**Belladonna Poisoning—Apoplectic Coma.** *Table* 30.]

TABLE 7.

	ALCOHOLIC COMA.	CONCUSSION OF BRAIN.
History	Of intemperance.	Of fall or blow.
Breathing	Heavy and slow.	Shallow.
Breath	Alcoholic.	Unaltered.
Face	Flushed or turgid.	Pale, with cold sweat.
Pulse	Full and slow.	Weak, soft, and quick.
Pupils	Light - reflex usually absent.	Light-reflex usually present.
Sphincter Control	Rarely lost.	Often lost.

SYMPTOMS IN COMMON.—Unconsciousness ; lowered temperature ; dilated pupils ; vomiting ; Babinski's plantar reflex.

CAUTION.—An intoxicated person is very likely to fall and may sustain concussion.

[**Concussion of Brain—Apoplectic Coma.** *Table* 31.]

TABLE 8.

	ALCOHOLIC COMA.	DIABETIC COMA.
History	Of intemperance.	Of wasting and polyuria.
Sex	Commoner in males.	Either.
Pulse	Slow and soft.	Slow and full.
Breath	Alcoholic.	Like "new-mown hay."
Breathing	Heavy.	"Air-hunger" breathing.
Urine	No sugar or acetone.	Sugar or acetone; casts very numerous.
Knee-Jerks	Usually present.	Absent.
Blood	Negative.	An alkaline methylene-blue solution, 1 in 6,000; becomes decolorized.

SYMPTOMS IN COMMON.—Unconsciousness; stertor; dilated pupils; history of vomiting; subnormal temperature.

EXPLANATION.—"Air-hunger" = deep, but not rapid, breathing.

[**Diabetic Coma—Apoplectic Seizure.** *Table* 32.]

[**Diabetic Coma—Uræmia.** *Table* 339.]

TABLE 9.

	ALCOHOLIC COMA.	FRACTURED BASE.
History	Of intemperance.	Of fall or blow.
Breath	Alcoholic.	Unaltered.
Breathing	Regular.	Irregular ("Biot's" or "Cheyne-Stokes").
Temperature	Lowered.	Unaltered or raised.
Pupils	Dilated—equal.	Usually unequal.
Ear	Unaffected.	Discharge of cerebro-spinal fluid or of blood.
Nose	Unaffected.	Epistaxis, or flow of cerebro-spinal fluid.
Eyelids	Unaltered.	Ecchymosed (orbital form).
Eyeballs	Unaltered.	Proptosis (orbital form) and squint.
Paralysis	None.	Facial or hemiplegia.

SYMPTOMS IN COMMON.—Unconsciousness; stertor; slow and full pulse.

EXPLANATION.—"Biot's breathing." The complete pauses are very long, and the ordinary intervals are of varying length.

TABLE 10.

	ALCOHOLIC COMA.	HEAT STROKE.
History	Of intemperance.	Of exposure to sun or furnace.
Face	Flushed or turgid.	Pale and sweating at first, but flushed or cyanotic in reaction stage.
Temperature	Lowered without subsequent rise.	Hyperpyrexia following upon a lowered temperature.
Breath	Alcoholic.	Unaffected.
Breathing	Regular.	Irregular; in hyperpyrexial stage, "Cheyne-Stokes."
Micturition	Unaffected.	Frequent.
Vomiting	Common.	Unusual.
Pulse	Slow.	Weak and rapid.

SYMPTOMS IN COMMON.—Unconsciousness; stertor; dilated pupils.

[**Heat Stroke—Apoplectic Fit.** *Table* 34.]

[**Heat Stroke—Fractured Base.** *Table* 120.]

TABLE 11.

	ALCOHOLIC COMA.	OPIUM POISONING.
Age	Usually 30 to 55.	Any age.
Breath	Alcoholic.	(?) Laudanum-like.
Breathing	Heavy.	Slow and irregular.
Face	Flushed or turgid.	May be cyanosed.
Ehrlich's Reaction	Absent.	Present.
Pupils	Dilated.	Minutely contracted.
(?) **Bottle Found**	May contain spirits.	May contain laudanum.

SYMPTOMS IN COMMON.—Unconsciousness ; stertor ; delirium ; subnormal temperature ; slow and full pulse.

[**Opium Poisoning—Apoplectic Fit**. *Table* 35.]

TABLE 12.

	ALCOHOLIC COMA.	URÆMIC COMA.
History	Of intemperance.	Of kidney or bladder trouble.
Convulsions	Absent.	Early.
Breath	Alcoholic.	Urinous.
Breathing	Stertorous.	Often hissing.
Urine	Normal.	Scanty or suppressed—albumen, casts.
Temperature	Subnormal.	Raised late.
Pupils	Dilated.	Contracted and immovable.
Arterial Tension	Low.	High.

Symptoms in Common.—Coma; equal pupils; stertor; slow and full pulse.

TABLE 13.

	ANÆMIA, JAKSCH'S.	LYMPHATIC LEUKÆMIA.
History	Of rickets or congenital syphilis.	Nil.
Age	6 months to 4 years.	Any age.
Glands	Rarely enlarged.	Numerous enlarged glands.
Pyrexia	Rarely present, unless complicated.	Irregular or intermittent.
Liver	Moderately enlarged.	Rarely enlarged.
Bacillus	None known.	Gram - positive bacillus resembling B. tuberculosus.
Lymphocytosis	Moderate.	Very marked.

Symptoms in Common.—Anæmia; enlarged spleen; hæmorrhages; lymphocytosis; nucleated red cells; oligocythæmia; lowered hæmoglobin index; ascites late.

[**Lymphatic Leukæmia—Lymphadenoma.** *Table* 206.]

[**Lymphatic Leukæmia—Acute Rheumatism.** *Table* 295.]

[**Lymphatic Leukæmia—Scurvy.** *Table* 304.]

TABLE 14.

	ANÆMIA, PERNICIOUS.	ADDISON'S DISEASE.
Sex	Equally affected.	Males 2 to 1.
Complexion	Lemon yellow.	Pale, where not pigmented.
Pigmentation	Buccal membrane only.	Skin and buccal membrane.
Pyrexia	At intervals.	Absent.
Retina	Flame-shaped hæmorrhages.	No hæmorrhages.
Blood	Leucopenia, oligocythæmia, etc., no pigment.	Contains pigment.
Spleen	Enlarged.	Normal.
Liver	Enlarged.	Normal.
Urine	Albumen or albumose; dark.	Normal.
Grünbaum's Test	Negative.	Positive.

SYMPTOMS IN COMMON.—Marked weakness and anæmia; gastro-intestinal trouble; pigmentation of buccal membrane.

EXPLANATION.—"Grünbaum's Test." In this, suprarenal extract fails to raise arterial tension.

[**Addison's Disease—Splenic Anæmia.** *Table* 19.]

TABLE 15.

	ANÆMIA, PERNICIOUS.	ANKYLOSTOMIASIS.
Complexion	Lemon yellow.	Pale.
Stools	No ova.	Contain ova of ankylostoma.
Retinal Hæmorrhages	Flame-shaped.	None.
Blood	Leucopenia; very low specific gravity.	Eosinophilia.
Wasting	Slight.	Pronounced.
Buccal Membrane	Often pigmented.	Unaltered.
Teeth	Often septic.	Unaltered.
Melæna	Absent.	Present.
Liver	Enlarged.	Normal.
Spleen	Enlarged.	Normal.
Urine	Albumen or albumose.	Anæmic type.
Occupation	Any.	Mining. Work in wet fields.
Habitat	None special to it.	India, Burmah, Egypt; rare in Europe.

Symptoms in Common.—Anæmia; weakness; œdema; gastro-intestinal trouble; oligocythæmia.

TABLE 16.

	ANÆMIA, PERNICIOUS.	CANCEROUS CACHEXIA.
Age	25 to 45.	Usually over 40.
Skin	Lemon yellow.	Earthy or jaundiced.
Conjunctiva	Pale.	Often yellowish.
Wasting	Absent.	Marked.
Buccal Membrane	Often pigmented.	Unaltered.
Teeth	Often septic.	Unaltered.
Hæmorrhages	No melæna or hæmoptysis.	Melæna, hæmoptysis, etc., in special forms.
Retinal Hæmorrhage	Present—flame-shaped.	Absent.
Hypochlorhydria	Absent.	In cancer of stomach.
Blood	Red cells often under 1 million; leucopenia, myelocytes, megaloblasts, low specific gravity.	Red cells rarely under $2\frac{1}{2}$ millions. Leucocytosis. No megaloblasts.
Liver	Enlarged.	Not enlarged except in cancer of liver.
Spleen	Enlarged.	Normal.
Urine	Albumen or albumose.	Often bile.

SYMPTOMS IN COMMON.—General weakness, with yellowish skin and oligocythæmia.

TABLE 17.

	ANÆMIA, PERNICIOUS.	CHLOROSIS.
Age	25 to 45.	14 to 24.
Sex	Either.	Female.
Skin	Lemon yellow.	Greenish-yellow.
Spleen	Enlarged.	Normal.
Liver	Enlarged.	Normal.
Menses	Rarely affected.	Arrested.
Urine	Albumen, albumose; high colour.	Pale, no albumen.
Blood	Extreme oligocythæmia; megaloblasts.	Moderate oligocythæmia; few or no megaloblasts.
Retina	Flame-shaped hæmorrhages.	Sometimes optic neuritis; no hæmorrhages.
Buccal Membrane	Often pigmented.	Unaltered.

Symptoms in Common.—Weakness; gastro-intestinal troubles; irregular pyrexia; puffiness; yellowish skin; oligocythæmia; pulsating veins of neck.

TABLE 18.

	ANÆMIA, PERNICIOUS.	CIRRHOSIS OF KIDNEY.
Anæmia	Marked.	Slight.
Skin	Lemon colour.	Pale.
Œdema	Slight.	Marked.
Buccal Membrane	Often pigmented.	Normal.
Teeth	Septic.	Unaffected.
Urine	Dark, quantity moderate; no casts. Albumose or albumen.	Abundant, pale, low specific gravity; granular and fatty casts, a little albumen.
Retina	Flame-shaped hæmorrhages.	Hæmorrhages; white patches near macula; disc blurred.
Blood	Oligocythæmia, leucopenia, myelocytes, megaloblasts. Specific gravity much lowered (1035).	No myelocytes or megaloblasts. Specific gravity somewhat lowered.
Spleen	Enlarged.	Normal.
Liver	Enlarged.	Normal.
Veins of Neck	Pulsating.	Unaffected.

Symptoms in Common.—Weakness; albuminuria; retinal hæmorrhages; and occasionally œdema.

TABLE 19.

	ANÆMIA, SPLENIC.	ADDISON'S DISEASE.
Pigmentation	Slight, with well-defined margins.	Marked, with fading margins.
Buccal Membrane	Unaltered.	Often pigmented.
Pain	Over spleen sometimes.	Absent.
Muscular Weakness	Not marked.	Pronounced.
Hæmorrhages	Frequent.	Absent.
Gastric Troubles	Dyspepsia only.	Vomiting and sometimes diarrhœa.
Anæmia	Considerable.	Not so marked.
Spleen	Enlarged and often tender.	Normal.
Blood	Lowered hæmoglobin index; leucopenia, oligocythæmia, poikilocytosis.	Pigment found. Otherwise little altered.
Grünbaum's Test (14)	Negative.	Positive.

Symptoms in Common.—Pigmentation of skin; gastric disturbance; insidious onset.

TABLE 20.

	ANÆMIA, SPLENIC.	BANTI'S DISEASE.
History	Nil.	Trauma frequently.
Liver	Normal.	Enlarged.
Ascites	Absent.	Present.
Hæmorrhages	Present.	Rare.
Pigmentation	Present.	Absent.
Blood	Slight leucopenia.	Marked leucopenia.
Fingers	Rarely clubbed.	Generally clubbed.

SYMPTOMS IN COMMON.—Anæmia ; enlarged spleen ; oligocythæmia ; low hæmoglobin index ; poikilocytosis.

CAUTION.—Some writers consider that Banti's disease is only a modification of splenic anæmia.

[**Banti's Disease—Lymphadenoma.** *Table* 205.]

[**Banti's Disease—Cirrhosis of Liver.** *Table* 188.]

[**Banti's Disease—Hypertrophic Liver.** *Table* 193.]

TABLE 21.

	ANÆMIA, SPLENIC.	SPLENO-MEDULLARY LEUKÆMIA.
Pyrexia	Rare; not remittent	Common—remittent.
Liver	Normal.	Often enlarged.
Ascites.	Absent.	In advanced cases, sometimes.
Hæmorrhages	Frequent.	Rare.
Pain	Absent.	In shins and long bones.
Blood	Leucopenia; no myelocytes.	Leucocytosis, eosinophilia, numerous myelocytes.
Pigmentation.	Present.	Absent.

Symptoms in Common.—Anæmia; enlarged and painful spleen; gastro-intestinal troubles; oligocythæmia.

TABLE 22.

	ANEURYSM OF AORTA.	DILATATION OF AORTA.
Age	Middle age.	Chiefly old age.
Bulging	Fourth right cartilage (ascending). Above left clavicle (transverse).	Absent.
Tracheal Tug	Present (transverse).	Very rare.
Dysphagia	Sometimes present.	Absent.
Voice	Cracked or aphonic.	Unaltered.
Atheroma	Less marked.	Very marked.
Pain	In back, shoulder, and arm.	Absent.
Veins of Neck	Dilated.	Very rarely dilated.
X Rays	Curve abrupt and marked.	Curve slight and gradual.

SYMPTOMS IN COMMON.—Dulness at manubrium; pulsation at right sterno-clavicular joint and in episternal notch; pulse weakened or delayed; atheroma; hypertrophied heart.

[**Aneurysm of Aorta—Mediastinal Abscess.** *Table* 215.]

TABLE 23.

	ANEURYSM OF AORTA.	INTRATHORACIC GROWTH.
Age	Middle age.	Under 25, or over 60.
Sex	Chiefly males.	Either.
Occupation	Laborious.	Immaterial.
Pulse	Weak or retarded on right side (ascending); or left side (descending).	Unaltered.
Pulsation	Expansile.	"Knocking" or absent.
Dilated Veins	Chiefly on neck.	Chiefly on chest.
Tracheal Tug	In transverse cases.	Absent, except in pulsating sarcoma.
Growths Elsewhere	Never.	Sometimes.
Dulness	Continuous with that of heart.	May be isolated.
Paracentesis	No result.	Fluid common. Often "prune-juice" if cancerous.
Dysphagia	Late, if at all.	May be early.
Atheroma	Present.	Only in old patients.
Laryngeal Paralysis	Common.	Rare.
X Rays	Pulsating shadow.	No pulsation.

SYMPTOMS IN COMMON.—Local bulging of chest; dyspnœa; some wasting; brassy or aphonic cough; radiating pain; hypertrophy of heart; and sometimes, unilateral sweating on face.

TABLE 24.

	ANEURYSM OF AORTA.	PERICARDIAL EFFUSION.
Age	Late middle age.	Any age.
Sex	Chiefly males.	Either.
Occupation	Laborious.	Immaterial.
History	Of alcoholism, syphilis, or strain.	Of acute rheumatism.
Dulness	Chiefly to right of manubrium.	Triangular with apex above. Præcordial.
Heart's Impulse	Strong; displaced downwards and outwards.	Faint; displaced upwards.
Tracheal Tug	Common.	Absent.
Pulsation	Episternal and in second right space (ascending aorta), or manubrium (transverse aorta).	Faint; that of heart only.
Pulse	Weak or retarded on right side (ascending); left side (descending).	Soft. Sometimes *pulsus paradoxus.*
Cough	Brassy.	Absent or rare.
Voice	Aphonic or cracked.	Unaffected.
Œdema	Above left clavicle (transverse aorta).	Absent.
Atheroma	Common in carotids.	Absent.
Temperature	Normal.	Raised.

SYMPTOMS IN COMMON.—Increased cardiac dulness; pain in chest; dyspnœa or orthopnœa.

TABLE 25.

	ANEURYSM OF ABDOMINAL AORTA.	PALPITATING AORTA.
Sex	Males 8 to 1.	Females chiefly.
Tumour	Present.	Absent.
Pulsation	Expansile.	"Knocking."
Diathesis	"Sanguine."	Neurotic.
Bruit	Present.	Absent.
Pulse	Delayed or weakened in posterior tibials.	Normal.
Pain	Back, groins, and testes.	Ovarian or absent.
Abdominal Veins	Often enlarged.	Unaltered.
X Rays	Show a tumour.	Negative.
Incidence	Rare.	Common.
Melæna	Common.	Very rare.

SYMPTOMS IN COMMON.—Pulsation in abdomen ; dyspepsia ; abdominal pains and melæna.

TABLE 26.

	ANEURYSMAL SWELLING.	ABSCESS OVER AN ARTERY.
Age	Middle age.	Any age.
Sex	Chiefly males.	Either.
Pyrexia	Absent.	Common.
Pulsation	Expansile, unless very deep.	"Knocking."
Bruit	Present.	Absent.
Atheroma	Present.	Unusual.
Pulse	Weakened or retarded, distally.	Rapid and full—not retarded.
Blood	Unaffected.	Leucocytosis.
Swelling	Cool—not tender.	Often hot and tender.

SYMPTOMS IN COMMON.—A swelling near an artery, with visible or palpable pulsation.

TABLE 27.

	ANEURYSMAL SWELLING.	MYELO-SARCOMA, PULSATING.
Age	Middle age.	Rare over thirty.
Sex	Chiefly in males.	Either.
Site	Over an artery.	Lower jaw, skull, or near an epiphysis.
Palpation	Expansile pulsation.	"Egg-shell crackling," if superficial.
Bruit	Present.	If present, slight.
Pulse	Retarded or weakened, distally.	Unaffected.
Atheroma	Common.	Absent.
X Rays	Swelling only.	A transparent area in the bone.
Swelling	Oval; probably distinct from the bone.	Irregular; continuous with the bone.

SYMPTOM IN COMMON.—A pulsating swelling in or near a bone.

TABLE 28.

	ANGINA PECTORIS.	PSEUDO-ANGINA.
Age	40 to 70.	Common at menopause; rare in elderly persons.
Sex	Males 9 to 1.	Chiefly in females.
Duration	Half to three minutes, but repeated.	One to two hours.
Cause	Exertion or excitement.	Dyspepsia. Excess of tobacco or tea. Emotions.
Attitude	Immobile.	Restless.
Atheroma	Common.	Rare.
Pain	Intense; radiating down left arm.	Diffused over præcordium.
Arterial Tension	High.	Often low.
Face	Pale, cold, sweating.	May be flushed.
Sensations	A feeling of impending death.	Numbness.
Heart	Dilated or fatty; or with valvular mischief.	Irritable.
Nitrites	Improve matters.	May make condition worse.

Symptoms in Common.—Sudden pain over heart; faintness; orthopnœa.

TABLE 29.

	ANTHRAX.	BOIL.
Occupation	Woolworkers, tanners, graziers, butchers, etc.	None special.
Site	Some exposed part.	Neck, or some covered part.
Vesicle	Develops from the papule.	Absent.
Slough	Dark, with small vesicles around it.	Grey. A central core only.
Suppuration	Absent.	Present.
Glands	Much enlarged.	Little altered.
Septicæmic Symptoms	From about fourth day.	Absent.
Œdema	Marked.	Slight.
General Health	Gravely affected.	Little affected.
Bacteriology	Bacillus anthracis.	Staphylococcus.

Symptoms in Common.—A local, circumscribed inflammation of the skin and subcutaneous tissues, ending in a slough.

[**Anthrax—Carbuncle.** *Table* 69.]

[**Boil—Carbuncle.** *Table* 70.]

TABLE 30.

	APOPLECTIC COMA.	BELLADONNA POISONING.
Onset	Sudden.	Slow.
Age	Usually over 40.	Any age.
Pupils	Moderately dilated or unequal. If pontine, both contracted.	Widely dilated; equal.
Urine	Normal or albuminous.	Suppressed.
Delirium	Slight or absent.	Precedes unconsciousness.
Skin	Moist.	Dry.
Pulse	Slow.	Quick.
Pulse-Respiration Ratio	3 or 4 to 1.	6 to 1.
Temperature	A unilateral rise. In pontine hæmorrhage, hyperpyrexia.	A general rise.
? Bottle	None.	Containing liniment.

Symptoms in Common.—Unconsciousness; stertor; pyrexia.

[**Apoplectic Coma—Alcoholic Coma.** *Table* 5.]

[**Belladonna Poisoning—Alcoholic Coma.** *Table* 6.]

TABLE 31.

	APOPLECTIC COMA.	CONCUSSION OF BRAIN.
History	Of Bright's disease, syphilis, alcoholism, etc.	Of fall or blow.
Vomiting	Rare.	Common.
Breathing	Stertorous and irregular.	Shallow.
Face	Turgid.	Pale, with cold sweats.
Pulse	Full, hard, slow.	Weak, soft, quick.
Temperature	Unilateral rise.	Often lowered.
Pupils	Often unequal, or, if pontine, both "pinhole."	Dilated.
Light Reflex	Usually absent.	Usually present.
Knee-Jerks	One may be lost.	Unaffected.
Hemiplegia	Common.	Absent.
Heart	Often hypertrophied.	Probably normal.

SYMPTOMS IN COMMON.—Unconsciousness of sudden onset.

[Concussion of Brain—Alcoholic Coma. *Table* 7.]

TABLE 32.

	APOPLECTIC COMA.	DIABETIC COMA.
History	Of Bright's disease, syphilis, alcoholism, etc.	Of wasting and polyuria.
Temperature	Unilateral rise.	Unaffected or subnormal.
Breath	Unaltered.	Like "new-mown hay."
Breathing	Stertorous.	"Air-hunger" breathing (8).
Hemiplegia	Common.	Absent.
Pupils	Often unequal, or, if pontine, both contracted.	Equal.
Knee-Jerks	Normal, or one lost.	Both lost.
Urine	Normal or albuminous.	Contains sugar or acetone; casts very numerous; specific gravity high.
Pulse	Slow and hard.	Slow and soft.
Blood	Negative.	An alkaline methylene-blue solution, 1 to 6,000, is decolorized (Williamson).

SYMPTOMS IN COMMON.—Unconsciousness; stertor; altered pupils.

[**Diabetic Coma—Alcoholic Coma.** *Table* 8.]

[**Diabetic Coma—Uræmia.** *Table* 339.]

TABLE 33.

	APOPLECTIC COMA.	FRACTURED BASE.
History	(?) Of previous attacks; of renal disease or of syphilis.	Of fall or blow.
Signs of Injury	Absent.	Scalp wound or swelling.
Age	Usually over 40.	Any age.
Heart	Often hypertrophied.	Probably unaffected.
Discharge	None.	Cerebro-spinal fluid or blood from ear or nose.
Paralysis	Hemiplegia.	Usually facial or ocular.
Eyelids	Unaffected.	Ecchymosed (in orbital form).
Exophthalmos	Absent.	In orbital form.

SYMPTOMS IN COMMON.—Unconsciousness; stertor; slow pulse; irregular breathing; unequal pupils; and, in severe cases, absence of reflexes.

TABLE 34.

	APOPLECTIC COMA.	HEAT STROKE.
Age	Usually over 40.	Any age.
History	Of previous attack; of syphilis or of renal disease.	Of exposure to sun or furnace.
Pupils	Often unequal.	Usually equal.
Temperature	Slight unilateral rise.	Hyperpyrexia.
Pulse	Slow.	Rapid.
Heart	Action strong, often hypertrophied.	Action weak.
Paralysis	Hemiplegia.	Absent.
Knee-Jerks Lost	One or none.	Both or none.

SYMPTOMS IN COMMON.—Unconsciousness; stertor; irregular breathing; and lost or lessened reflexes.

CAUTION.—Apoplexy may result from exposure to heat.

[**Heat Stroke—Alcoholic Coma.** *Table* 10.]

[**Heat Stroke—Fracture of Base.** *Table* 120.]

TABLE 35.

	APOPLECTIC COMA.	OPIUM POISONING.
History	Sometimes of previous complete or partial attacks; syphilis, Bright's disease, alcoholism.	No previous attack. Sometimes of morphinomania.
Age	Over 40.	Any age.
Temperature	Raised on one side. In pontine hæmorrhage there is hyperpyrexia.	Subnormal.
Pulse-Respiration Ratio	3 or 4 to 1.	6 to 1.
Pupils	Usually unequal; but, if pontine, both contracted.	Extremely contracted.
Paralysis	Usually hemiplegia.	General flaccidity.
Unconsciousness	Cannot be roused.	Can be roused at first.
Heart	Often hypertrophied.	Unaffected.
Breath	Unaltered.	(?) Like laudanum.
Bottle	None.	(?) Containing laudanum.

Symptoms in Common.—Unconsciousness of sudden onset; slow pulse; stertor.

Caution.—Pontine apoplexy is the form most likely to be confused with opium poisoning. The temperature should distinguish one from the other.

[**Opium Poisoning—Alcoholic Coma.** *Table* 11.]

TABLE 36.

	APOPLECTIC COMA.	URÆMIC COMA.
History	Of syphilis, alcoholism, etc.	Of convulsions, vomiting, or bladder trouble.
Age	Over 40.	Any age.
Coma	Usually complete.	Often incomplete.
Breath	Unaffected.	Urinous.
Hemiplegia	Present.	Very rare.
Pupils	Often unequal, but, if pontine, both contracted.	Contracted and immovable.
Twitchings	Rare.	Common.
Breathing	Stertorous.	Stertorous or "hissing."
Temperature	Unilateral rise; if pontine, bilateral hyperpyrexia.	Normal except at termination.
Urine	Fair quantity, sometimes albuminous.	Scanty or suppressed; albuminous.

SYMPTOMS IN COMMON.—Coma; stertor; history of kidney disease; high-tension pulse.

[*See also* **Hemiplegia**, *Tables* 150 *to* 153.]

TABLE 37.

	APPENDICITIS, CHRONIC.	CANCER OF CÆCUM.
Age	Rare over 50.	Common over 50.
History	Of previous attacks.	No previous attack.
Pyrexia	Present.	Absent.
Iliac Swelling	Less hard.	Hard.
Tenderness	At McBurney's point, and in right loin.	Diffused in iliac region.
Rigid Rectus	Until pus forms.	Rare.
Bowels	Constipated.	Irregular.
Melæna	Absent or rare.	Common.
Pulse	Over 110.	Normal.

SYMPTOMS IN COMMON.—Pain, swelling, and tenderness in right iliac region ; leucocytosis.

TABLE 38.

	APPENDICULAR COLIC.	GALL-STONES.
Age	5 to 50.	Chiefly middle age.
Sex	Males 7 to 3.	Chiefly females.
Pain	Below umbilical level.	Above umbilical level, but radiating to shoulder.
Tender Points	McBurney's point, and right lumbar region.	Ninth right costal cartilage; sixth to ninth dorsal spines.
Vomiting	Rare.	Common.
Jaundice	Absent.	Present, unless the stone is in the cystic duct.
Swelling	In right iliac region.	If present, in right hypochondrium.
Urine	Unaltered.	Dark generally.

SYMPTOMS IN COMMON.—Paroxysmal abdominal pain; rigid right rectus; slight pyrexia.

TABLE 39.

	APPENDICITIS.	LOADED CÆCUM.
Age	Usually under 50.	Any age.
Sex	Males 7 to 3.	Common in women.
Pyrexia	Common.	Rare.
Iliac Swelling	Not pitting on pressure.	Pits on deep pressure.
Vomiting	Rare.	Common.
Rigid Rectus	Present.	Absent.
Tenderness	At McBurney's point, and in right loin.	Diffused.
Leucocytosis	Present.	Absent.

Symptoms in Common.—Constipation, with pain and swelling in the right iliac region.

TABLE 40.

	APPENDICITIS.	TYPHOID FEVER.
History	Of previous slight attacks.	Of epidemic or of exposure to infection. No previous attack.
Onset	Sudden.	Insidious.
Vomiting	Common.	Rare.
Pain	Severe.	Slight.
Tenderness	At McBurney's point, and in right loin.	More diffused.
Bowels	Constipated.	Relaxed.
Stools	Solid.	"Pea-soup." B. typhosus (culture).
Temperature	Irregular.	Special type (see 331).
Pulse	Rapid. Not dicrotous.	Dicrotous. Slow.
Eruption	None.	Convex rose spots, especially over hypochondria (11th day).
Spleen	Normal.	Enlarged.
Rectal Rigidity	Present, till pus has formed.	Only with perforation or adherent ulcer.
Perforation Signs	Early.	Late.
Blood Count	Leucocytosis.	Leucopenia.
Widal's Reaction	Absent.	95 per cent. after 5th day.
Ehrlich's Sign	Absent.	80 per. cent. of cases.
Palpation	Resistance in right iliac region.	No resistance—gurgling.

SYMPTOMS IN COMMON.—Pain and tenderness in right iliac region; pyrexia.

TABLE 41.

	ASCITES.	GREATLY DISTENDED BLADDER.
Sex	Either.	Female.
Dulness	Upper limit concave; shifts with position.	Upper limit convex. Shifting, with change of position, very slight.
Fluctuation	Marked.	Slight.
Abdominal Veins	Enlarged.	Not enlarged.
Pain	Absent.	Severe—paroxysmal.
Uterus	Unaffected.	Retroverted.
Catheterization	Tumour unaffected.	Tumour reduced.
Exploratory Puncture	Thin yellowish fluid, murexide test negative.	Urine (murexide test).

SYMPTOMS IN COMMON.—Abdominal swelling, with more or less fluctuation; navel stretched; often no history of retention; yellowish fluid on puncture.

TABLE 42.

	ASCITES.	HYDRONEPHROSIS, LARGE.
History	Swelling began centrally.	Swelling began on one side.
Dulness	Shifts with change of position. Upper limit concave, when patient sits up.	Does not shift with change of position. Upper limit, when patient sits up, undefined or convex.
Inflation	Dulness shifts on inflating colon, but does not disappear.	Dulness disappears on inflation of colon.
Fluctuation	Marked.	Indistinct.
Paracentesis	Murexide test negative.	Fluid urinary (murexide test).
Pain	Absent.	Severe and paroxysmal. Relieved by passage of a large quantity of urine.
Urination	No effect on swelling.	If copious, reduces swelling.
Vomiting	Of gastric type.	Of reflex type. Severe.

SYMPTOMS IN COMMON.—Abdominal swelling; yellowish fluid on paracentesis; vomiting.

TABLE 43.

	ASCITES.	OVARIAN CYST.
History	Swelling of central origin.	Swelling of lateral origin.
Abdominal Veins	Usually visible.	Invisible.
Dulness (sitting up)	Upper limit concave; dulness shifts with change of position.	Upper limit convex; does not shift with change of position.
Inspection	Swelling flat in dorsal decubitus.	Swelling more prominent in dorsal decubitus.
Paracentesis	Fluid thin and yellowish; specific gravity under 1015.	Fluid viscid, often brownish; specific gravity over 1015.
Uterus	Freely movable; Douglas' pouch full.	Fixed and displaced; Douglas' pouch empty.
Concomitant	Peritonitis, or affection of heart, liver, spleen, or kidneys.	No other disease.
Melæna	Common.	Absent.

SYMPTOMS IN COMMON.—A fluctuating abdominal swelling; stretched navel.

TABLE 44.

	ASCITES.	PREGNANCY.
Dulness	Altered by change of posture.	Unaltered by change of posture.
(With patient sitting up)	Upper limit concave.	Upper limit convex.
(With patient on back)	Flanks dull.	Flanks resonant.
Rhythmical Contractions	Absent.	Present.
Breasts	Unaltered.	Enlarged ; dark areola round a nodular nipple ; prominent veins ; milk exuded on pressure.
Fœtus	Nil.	Movements ; heart-sounds heard after fifth month.
Menstruation	Unaffected.	Suspended.
Vaginal Examination	Douglas' pouch full.	Enlargement of uterus ; ballottement fourth to eighth month.
Hegar's Sign (247)	Absent.	Present during first three months.
Jacquemier's Sign (247)	Absent.	Present after fourth week.
Time Limit	Indefinite.	Seven to ten and a half months.
Pigment Patches	Absent or very rare.	Common on face

SYMPTOMS IN COMMON.— Abdominal swelling ; vomiting ; drawn features.

TABLE 45.

	ASCITES, SIMPLE.	TUBERCULOUS PERITONITIS.
Age	Middle age in liver cases.	Childhood to 35.
Pain	Rare.	Common.
Pyrexia	Absent.	Present.
Jaundice	Common.	Rare.
Bowels	Constipated.	Relaxed.
Palpation	No lumps or bands.	Lumps and bands felt.
Tubercle Bacillus	Absent.	From culture of fluid.
Wasting	Slight.	Marked.
Melæna	Common.	Rare.
Calmette's Test	Absent.	Present.

SYMPTOMS IN COMMON.—Enlarged superficial veins; fluid free in peritoneal cavity; vomiting. The spleen may be enlarged.

TABLE 46.

	ASTHMA, SPASMODIC.	BRONCHITIS.
History	Previous attacks of short duration.	Previous attacks of long duration.
Onset	Sudden—usually at night.	Gradual—any time.
Dyspnœa	Intense, paroxysmal, expiratory.	Usually moderate, not paroxysmal; inspiratory.
Respirations	Relatively slow.	Rapid.
Cyanosis	Common.	Rare.
Inspiratory Retraction	Of pomum Adami.	Absent.
Sputa	Scanty, with Curschmann's spirals and Charcot-Leyden crystals.	Abundant, frothy.
Cough	Slight until end of attack.	Distressing.
Temperature	Normal or subnormal.	Raised.
Duration	A few hours.	Many days.

Symptoms in Common.—Dyspnœa ; cough ; rhonchus and sibilus.

Caution.—Bronchitis and asthma may coexist.

TABLE 47.

	ASTHMA, SPASMODIC.	"CARDIAC ASTHMA."
Dyspnœa	Expiratory.	Not expiratory only.
Respirations	Relatively slow.	Rapid.
Chest movements	Defective.	Normal.
Pomum Adami	Inspiratory Retraction.	Normal.
Sputa	Scanty, with Curschmann's spirals and Charcot-Leyden crystals.	None or very scanty.
Rhonchus and Sibilus	Present.	Absent.
Arterial Tension	Low.	Often high.
Heart	Not a factor.	Usually affected.

Symptoms in Common.—Acute dyspnœa of sudden onset, often beginning at night and lasting a few hours only; a history of previous attacks, and sometimes of gout.

TABLE 48.

	ASTHMA, SPASMODIC.	FOREIGN BODY IN AIR-PASSAGES.
Age	Any age, but rare in childhood.	Chiefly in childhood.
History	Of previous attack.	No previous attack. Something "swallowed."
Dyspnœa	Expiratory.	Inspiratory.
Stridor	Absent.	Common.
Breathing Sounds	Evenly distributed.	May be absent over a large area.
Sibilus	General.	Local or absent.
Bronchoscope	Negative.	May reveal cause.
Sputa	Charcot-Leyden crystals and Curschmann's spirals.	No crystals or spirals.
Cough	Slight.	Hoarse and irritating.
Vomiting	Absent.	Common.
Change of Posture	Usually impossible.	May give relief.
X Rays	Negative.	May reveal cause.

SYMPTOMS IN COMMON.—Acute dyspnœa of sudden onset, with inspiratory retraction of pomum Adami and scanty sputa.

TABLE 49.

	ASTHMA, SPASMODIC.	PLASTIC BRONCHITIS.
Dyspnœa	Expiratory.	Inspiratory.
Cough	Slight.	Violent and paroxysmal.
Sputa	Show Charcot-Leyden crystals and Curschmann spirals.	Tree-like casts soluble in liquor potassæ. They are best seen when suspended in water.
Onset	Sudden.	Preceded by some bronchial catarrh.
Breathing Sounds	Evenly distributed.	Sometimes inaudible over a given area (collapse of lung).
Auscultation	Rhonchus and sibilus.	Sibilus, with local creaking which is sometimes surrounded by crepitation.
Retching and Vomiting	Absent.	Distressing.

Symptoms in Common.—Acute paroxysmal dyspnœa, with intervals of freedom; sibilus.

TABLE 50.

	ASTHMA, SPASMODIC.	STENOSIS OF AIR TUBES.
Onset	Sudden.	Gradual.
History	Of previous attack.	No previous attack.
Cause	Gout, Bright's disease, nasal trouble, heavy meal, change of residence.	Laryngitis, diphtheria, laryngeal paralysis, aneurysm, mediastinal growth, or enlarged bronchial glands, thyroid, or thymus.
Breathing Sounds	Evenly diffused.	Absent over collapsed lung.
Stridor	Absent.	Present.
Dyspnœa	Expiratory.	Inspiratory.
Râles	Marked.	Slight or absent.
Sputa	Show Curschmann's spirals and Charcot-Leyden crystals.	Little or none.
Cough	Absent at first.	May be "brassy" or barking.

SYMPTOMS IN COMMON.—Acute dyspnœa, cyanosis; scanty sputa; inspiratory descent of pomum Adami.

CAUTION.—The onset in slight stenosis may be sudden when spasm is superadded, and this often happens.

TABLE 51.

	ATAXIC PARAPLEGIA.	HEREDITARY CEREBELLAR ATAXIA.
History	Sometimes of malaria.	Hereditary and familial.
Age	Middle age.	Begins at puberty.
Sex	Chiefly male.	Either.
Romberg	Marked.	Very rare.
Speech	Unaffected.	Slow and scanning.
Facial Muscles	Unaffected.	Over-action—*e.g.*, wrinkling.
Nystagmus	Absent.	Present.
Tremor	Absent.	Bilateral.

Symptoms in Common.—Spastic, reeling gait; ataxia; ankle clonus; exaggerated knee-jerks; Argyll-Robertson pupils.

[**Ataxic Paraplegia—Cerebellar Tumour.** *Table* 73.]

[**Ataxic Paraplegia—Disseminated Sclerosis.** *Table* 102.]

[**Ataxic Paraplegia—Locomotor Ataxy.** *Table* 195.]

TABLE 52.

	BERI-BERI.	MULTIPLE NEURITIS.
History	Of eating of polished rice, and of residence in the tropics or sub-tropics—rarely Europe or U.S.A.	Of alcoholism, diphtheria, lead or arsenic poisoning, etc.
Œdema	General, or on shins only.	Absent.
Palpitation	Frequent, especially after a full meal.	Rare.
Dyspnœa	Paroxysmal, or after exertion.	Rare.
Pain	In limbs.	Uncommon.
Tremors	Rare.	Common.
Cardiac Bruits	Common.	Rare.
Liver	Unaffected.	Often enlarged.
Urine	Very scanty.	Unaffected.

SYMPTOMS IN COMMON.—Powerlessness advancing to paralysis, with absent knee-jerks; muscular wasting and R.D.

[**Beri-Beri—Locomotor Ataxy.** *Table* 196.]

TABLE 53.

	BREAST, ADENOMA OF.	BREAST, CYST OF.
History	Commonly of a blow.	Not due to injury.
Pain	Shooting. Severe during menstruation.	Absent.
Age	15 to 30.	15 to 48.
Fluctuation	Absent.	Often present.
Tumour	Oval and hard.	Spheroidal and soft.
On squeezing	No effect.	Milk exudes, even in the absence of lactation (galactocele).
Site	Usually between nipple and periphery.	Near nipple.
Glands	Sometimes enlarged.	Not enlarged.

Symptoms in Common.—An elastic, freely movable swelling in the breast, with well defined margin, but without cachexia; both are frequently multiple.

TABLE 54.

	BREAST, ADENOMA OF.	BREAST, SCIRRHUS OF.
Age	15 to 30.	40 to 50.
Pain	Severe shooting pain during menstruation.	None until fixation. Severe in last stage.
Glands	Rarely and slightly affected.	Enlarged in axilla and at base of neck.
Skin	Freely movable. No dimple, thickening, or ulceration.	*Stages* 2 *and* 3. — Like "orange-peel," fixed, dimpled, and ulcerated. Trélat's nævi.
Tumour	Hard, oval, elastic, and movable. Margin well defined. Often multiple and in both breasts.	*Stage* 1. —Hard, non-elastic, single. Usually near periphery. One breast only affected. *Stage* 2.—Nodular, with ill-defined margin. Fixed to skin or fascia.
Nipple	Normal.	*Stage* 2. — Retracted. Sometimes blood-stained oozing.
Œdema	Absent.	*Stage* 3. — In arm—brawny.
Secondary Growths	None.	In breast, axilla, skin, etc.
Cachexia	Absent.	Marked in second and third stages.

Symptoms in Common.—A hard tumour in the breast, often with a history of a blow.

Explanation.—The nævi known as Trélat's are bright red, minute, and numerous ; they are found on and near the breast.

TABLE 55.

	BREAST, CYST OF.	BREAST, SCIRRHUS OF.
Site	Near nipple.	At periphery.
Form	Rounded.	Irregular.
Margin	Defined.	Ill-defined.
Fluctuation	Often present.	Absent.
Elasticity	Present.	Absent.
Consistence	Soft.	Hard.
Number	Often multiple.	Single.
Skin	Movable over swelling; not thickened.	Adherent to swelling (second stage); orange-peel-like.
Glands	Not enlarged.	Enlarged (second stage).
Trélat's Nævi (54)	Absent.	Common.
Pain	Absent.	Severe in second and third stages.
Effect of Squeezing	Milk, in galactocele, apart from lactation.	Nil.
Cachexia	Absent.	Marked.

Symptoms in Common.—A swelling in the breast, with retraction (if cyst is surrounded by mastitis).

TABLE 56.

	BREAST, ENCEPHALOID OF.	BREAST, SCIRRHUS OF.
Age	25 to 35.	40 to 50.
Course	About 6 months.	2 years.
History	Often follows lactation.	Often connected with menopause.
Tumour	Soft, elastic, diffused.	Hard and circumscribed with craggy edges.
Retraction	Absent.	Present late.
Skin	Thin.	Orange-peel-like
Ulceration	Early.	Very late.
Enlarged Glands	Early.	Late.
Pain	Early.	Late.
Incidence	Rare.	Common.

SYMPTOMS IN COMMON.—A swelling of the breast, with enlarged glands and cachexia.

TABLE 57.

	BREAST, SCIRRHUS OF.	MASTITIS, CHRONIC.
Age	40 to 50.	20 to 45.
Tenderness	Rare.	Common.
Tumour	Easily detected by flat of hand. Near periphery.	Undetected by flat of hand.
Edge	Hard and craggy.	Ill-defined.
Secondary Growth	In breast, skin, axilla, etc.	None, except slight glandular enlargement.
Trélat's Nævi (54)	Common.	Absent.
Lactation	No connection.	Often a connection.
Cachexia	Marked.	Absent.
Pain	Unaffected by menstruation.	Worse during menstruation.

SYMPTOMS IN COMMON.—Pain; history of a blow; retraction of skin and nipple; enlargement of glands.

TABLE 58.

	BREAST, SCIRRHUS OF.	PAPILLOMA OF DUCTS.
Age	40 to 50.	35 to 60.
Skin	Adherent in second stage.	Not adherent.
Tumour	Very hard, not elastic.	Firm, elastic.
Site	Begins near periphery.	Begins near nipple.
Glands	Enlarged late.	Not affected.
Secondary Growths	In third stage.	None.
Discharge from Nipple	None.	Clear or blood-stained fluid — may precede tumour.
Cachexia	Marked.	Not marked.
Number	Single.	Often multiple.

SYMPTOMS IN COMMON.—A tumour which, in multiple papillomata, is nodular.

TABLE 59.

	BREAST, TUBERCULOUS ABSCESS OF.	BREAST, SCIRRHUS OF.
Age	25 to 35.	40 to 50.
Swelling	Softer in centre.	Hard everywhere.
Pain	Early.	Late.
Tenderness	Present.	Rare.
Margin	Undefined throughout.	Circumscribed; craggy.
Skin	Thin, not retracted.	Orange-peel-like. Retracted late.
Trélat's Nævi (54)	Absent.	Present.
Associations	Tubercle elsewhere.	Cancer elsewhere.
Puncture	Pus, B. tuberculosus.	Blood.
Calmette's Test	Positive.	Negative.

Symptoms in Common.—A swelling in the breast; enlargement of glands; lowered general health.

TABLE 60.

	BRONCHITIS, ACUTE.	ACUTE TUBERCULOSIS.
Age	Any age.	Chiefly children and young adults.
Dyspnœa	Moderate.	Severe.
Cyanosis	Rare.	Common.
Fever	Continued.	Remittent.
Pain	Absent, or soreness only.	Sometimes pleuritic pains.
Sputa	Frothy.	Muco-purulent, blood-stained.
B. Tuberculosus	Absent.	Present.
Spleen	Normal.	Often enlarged.
Percussion	Normal.	Some dull patches.
Auscultation	Râles only.	Bronchial breathing over patches. Some friction sounds and crepitation.
Concomitants	Sometimes mitral disease.	Tubercle elsewhere.
Wasting	Absent.	Great.
Calmette's Test	Negative.	Generally positive.

SYMPTOMS IN COMMON. — Dyspnœa; cough; bilateral rhonchus and sibilus; no reaction with Von Pirquet's test.

[**Bronchiectasis—Phthisical Cavity.** *Table* 266.]

TABLE 61.

	BRONCHITIS, ACUTE.	BRONCHO-PNEUMONIA.
Age.	Any age.	Children or old people.
Dyspnœa	Moderate.	Severe.
Fever	Continued.	Remittent.
General Distress	Moderate.	Great.
Sputa	Frothy.	Muco-purulent, sometimes viscid.
Percussion	Normal.	Patches of dulness.
Auscultation	Rhonchus and sibilus.	Patches of bronchophony, bronchial breathing, and fine crepitation. Sibilus general.
Alæ Nasi	Dilating moderately.	Dilating markedly.

Symptoms in Common.—Dyspnœa; cough; pyrexia; bilateral sibilus. A history of a recent attack of measles or whooping-cough is common in children.

[**Bronchitis—Spasmodic Asthma.** *Table* 46.]

TABLE 62.

	BRONCHITIS, ACUTE.	MEASLES (Invasion).
Age	Any age.	Chiefly childhood.
History	Of exposure to cold.	Of exposure to infection.
Eyes	Unaffected.	Conjunctiva injected. Photophobia.
Nose	Unaffected.	Coryza, sneezing.
Cough	Clear.	Hoarse or barking.
Cervical Glands	Unaffected.	Enlarged.
Koplik's Spots	Absent.	Appear on buccal membrane two days before eruption.

SYMPTOMS IN COMMON.—Pyrexia ; cough ; sibilus ; rhonchus.

TABLE 63.

	BRONCHITIS, ACUTE.	PERTUSSIS, EARLY.
Age	Any age.	Usually under 10.
History	No previous attack of pertussis.	Of exposure to infection.
Dyspnœa	Marked.	Slight.
Eyes	Unaffected.	Conjunctiva injected. Some photophobia.
Sputa	Frothy.	Mucous, scanty.
Bacillus	None characteristic.	B. pertussis (Gengou and Bordet).

Symptoms in Common. — Cough; rhonchus; sibilus; pyrexia. The characteristic cough of pertussis appears about eighteen days after infection. It settles the diagnosis.

TABLE 64.

	BRONCHITIS, CHRONIC.	CANCER OF LUNG.
Age	Any age.	Rare under 40.
History	Of previous attacks.	Of growths elsewhere (?).
Weakness	Moderate.	Marked and progressive.
Area	Both lungs.	Usually one lung.
Dyspnœa	Slight.	Excessive for area affected. If mediastinal, paroxysmal.
Stridor	Absent.	If mediastinal.
Skin of Chest	Normal.	Dilated veins or œdema.
Cervical Glands	Normal.	Sometimes enlarged.
Sputa	Frothy and muco-purulent, with streaks only of blood.	Mucous; sometimes like "currant jelly."
Hæmoptysis	Absent.	Repeated slight attacks.
Percussion	Normal.	Dull patch or patches.
Collapse of Lung	Absent in adults.	If a bronchus is occluded.
Fluid in Pleura	None.	Clear or "prune juice."

SYMPTOMS IN COMMON.—Rhonchus; sibilus; cough; dyspnœa.

[**Bronchitis—Phthisis, Early.** *Table* 265.]

[**Bronchitis, Plastic—Asthma.** *Table* 49.]

TABLE 65.

	BRONCHO-PNEUMONIA.	MILIARY TUBERCULOSIS, ACUTE.
Age	Children or old people.	Children or young adults.
Pain	Absent.	Sometimes pleuritic pains.
Sputa	Clear and slightly viscid mucus.	Muco-purulent, blood-stained.
Bacillus	None known.	B. tuberculosus.
Concomitant	None.	Tubercle elsewhere.
Spleen	Normal.	Often enlarged.
Wasting	Moderate.	Marked.
Calmette's Test	Negative.	Generally positive.
Temperature	Remittent.	Usually remittent, but sometimes intermittent or inversely remittent.

SYMPTOMS IN COMMON.—Cough; dyspnœa; dull patches, which are the seat of bronchial breathing, bronchophony and crepitation; remittent fever, etc. Von Pirquet's test is negative.

[**Broncho-pneumonia—Acute Bronchitis.** *Table* 61.]

[**Broncho-pneumonia—Acute Pneumonia.** *Table* 279.]

[**Broncho-pneumonia—Phthisis.** *Table* 267.]

TABLE 66.

	BULBAR PARALYSIS.	MYASTHENIA GRAVIS.
Onset	Sudden.	Usually gradual.
Age	Over 40.	20 to 40.
Tongue	Markedly atrophied.	No true atrophy.
Limbs	Rarely paralysed.	Usually paralysed.
Ptosis	Absent.	Present—often double.
Facial Paralysis	Lower part only.	Present; its completeness gives a mask-like expression.
Myasthenic State	Absent.	Present.
Myasthenic Reaction	Absent.	Present.
Fibrillary Tremors	In tongue, longitudinal.	Absent.

SYMPTOMS IN COMMON.—Progressive paralysis of articulation and swallow, with more or less extension to other muscles; voice nasal.

EXPLANATIONS.—The "myasthenic reaction" consists in the rapid temporary loss of faradic tetanus, the muscle still reacting to galvanic and voluntary stimuli.

The "myasthenic state." In this, voluntary movement becomes rapidly weaker each time it is repeated, and is finally lost for a time.

[**Bulbar Paralysis—Disseminated Sclerosis.** *Table* 104.]

[**Bulbar Paralysis—General Paralysis.** *Table* 141.]

TABLE 67.

	BULBAR PARALYSIS.	PSEUDO-BULBAR PARALYSIS.
History	Of sudden seizure, sometimes with fever.	Of two successive attacks of hemiplegia, one right, the other left.
Age	40 to 70.	Usually under 30.
Atrophy	Of muscles of tongue, lips, face, and, later, limbs.	No true atrophy.
Palatal Reflex	Lost.	Present.
Limbs	Rarely paralysed.	All four limbs paralysed or weakened.
Electric Reaction	Reaction of degeneration.	Unimpaired.
Fibrillary Tremors	In tongue—longitudinal.	Absent.

SYMPTOMS IN COMMON.—Chronic, though intermittent, course; paralysis of articulation, swallow, and voice.

TABLE 68.

	BULBAR PARALYSIS.	TUMOUR AT BASE OF BRAIN.
Age	40 to 70.	Chiefly in children an adults under 40.
Headache	Absent.	Marked.
Onset	Sudden.	Gradual.
Vomiting	Absent.	Present—severe.
Muscular Wasting	Pronounced.	Moderate.
Paralysis	Bilateral.	Often unilateral.
Deafness	Absent.	Sometimes present.
Tinnitus	Absent.	Often present.
Optic Neuritis	Absent or rare.	Common.
Fibrillary Tremor	Of tongue—longitudinal.	Absent in tongue.
Reaction of Degeneration	Present.	Absent.

SYMPTOMS IN COMMON.—Paralysis of tongue, pharynx, and larynx.

[*See* **Cerebellar** *and* **Cerebral Tumours.**]

TABLE 69.

	CARBUNCLE.	ANTHRAX.
History	Of exhausting disease—especially diabetes.	Previous health good.
Occupation	Any.	Woolworkers, tanners, butchers, graziers, etc.
Site	Nucha, back, face.	Some exposed part.
Vesicle	None.	Follows the papule.
Slough	Ordinary form.	Dark, with small vesicles around it.
Œdema	Slight.	Marked.
Suppuration	Present.	Absent.
Glands	Slightly enlarged.	Much enlarged.
Septicæmic Symptoms	Rare.	From about 4th day.
Bacteriology	Staphylococcus pyogenes aureus.	Bacillus anthracis.
Course	Relatively slow.	Rapid.

Symptoms in Common.—A local circumscribed inflammation of the skin ending in slough ; severe constitutional depression.

TABLE 70.

	CARBUNCLE.	BOIL.
Age	Elderly persons mostly affected.	Chiefly in young adults.
General Health	Much lowered.	Often vigorous.
Tissues Affected	Skin and subcutaneous tissue.	Skin only.
Number	Single.	Often multiple.
Surface	Flat.	Conical.
Openings	Multiple.	Single.
Temperature	Often high.	Slight rise.
Rigor	Sometimes.	Absent.

SYMPTOMS IN COMMON.—A localized inflammation of the skin, produced by a staphylococcus and ending in suppuration.

TABLE 71.

	CATALEPSY.	DEATH.
Age	Chiefly adolescents.	Any age.
Sex	Chiefly females.	Either.
History	Of previous attacks.	Of illness or injury.
Rigidity	"Waxy." Limb remains as placed by examiner. No previous flaccidity.	Resistant. Rigor mortis sets in six to eight hours after death and lasts about twenty-four hours. Preceded by flaccidity.
Breath	Condenses on cold glass.	Absent.
Circulation	Swelling follows tight ligature of finger.	Absent.
Temperature	Subnormal, not cold.	Cold twelve to twenty hours after death.
Eyes	Eyeballs tense.	Lustreless, eyeballs flaccid.
Skin	Unaltered.	Inelastic. Blood-stained in dependent parts.
Auscultation	Heart-sounds faint.	Heart-sounds absent.
***Blister**	Slow, and perhaps only rubefacient, action.	No effect.

SYMPTOMS IN COMMON.—Rigidity; loss of consciousness, of reflexes, and, in rigid stage, of electric excitability.

* This is, I believe, a new suggestion. In the case of those who have been known to be subject to trances or catalepsy, it might well be a matter of routine to paint a cruciform blister over the heart. It would even give one more chance of a return to consciousness.

TABLE 72.

	CATALEPSY.	HYSTERICAL TRANCE.
Limbs	"Waxy" rigidity (71).	Relaxed or slightly resistant.
Fall	Unpremeditated.	With due arrangement of skirts.
Temperature	Subnormal.	Normal.
Eyelids	"Waxy" resistance only.	Resist efforts to open them. Some faint twitching.
Conjunctival Reflex	Lost.	Rarely quite lost.
Purposive Movements	Entirely absent.	Can generally be detected.

SYMPTOMS IN COMMON.—Loss of consciousness and of sensation, with analgesia in adolescent females.

TABLE 73.

	CEREBELLAR TUMOUR.	ATAXIC PARAPLEGIA.
History	Of tubercle, syphilis, etc.	Sometimes of malaria.
Age	Any.	Middle age.
Sex	Either.	Male.
Head	Often retracted.	Unaffected.
Ataxia	More marked in arm.	Legs; arms rarely affected.
Gait	Reeling to non-lesion side.	Even reeling.
Romberg	Rare unless middle lobe is affected.	Marked.
Ankle Clonus	Rare.	Marked.
Nystagmus	Common.	Absent.
Squint	Usually convergent.	Absent.
Headache	Intense.	Absent.
Vertigo	Present.	Absent.
Bowels	Constipated.	Relaxed.
Deafness	Sometimes present (same side).	Absent.
Optic Neuritis	Common.	Absent.
Diadoco-cinesia	Present (same side).	Absent.
Vomiting	Marked—projectile.	Absent.
Paraplegia	Very rare.	Spastic paraplegia the rule.

SYMPTOMS IN COMMON.—Ataxia; exaggerated knee-jerks; reeling gait; and sometimes impaired intelligence.

EXPLANATION.—"Diadococinesia." The patient is made to pronate and supinate the forearm in rapid succession. On the side of the tumour the movement will be slow and awkward.

TABLE 74.

	CEREBELLAR TUMOUR.*	HEREDITARY CEREBELLAR ATAXIA.
Age	Any age.	Begins at puberty.
History	Not hereditary.	Hereditary and familial.
Incoördination	Unilateral.	Bilateral.
Knee-Jerks	One altered.	Both altered.
Romberg	Common.	Very rare.
Gait	Reeling (away from tumour).	Even reeling.
Tremor	Unilateral—rare.	Bilateral—common.
Squint	Usually convergent.	Absent.
Head	Retracted, or inclined to one shoulder.	Normal.
Deafness	Sometimes present—unilateral.	Absent.
Facial Muscles	Paralysis common.	Over-action—*e.g.*, wrinkling.
Diadocokinesia (73)	Present.	Absent.

* Vermiform tumours are excluded.

Symptoms in Common.—Vertigo, nystagmus, optic neuritis or atrophy, with impairment of speech and of intelligence.

[**Cerebellar Tumour—Cerebral Tumour.** *Table* 75.]

[**Cerebellar Tumour—Disseminated Sclerosis.** *Table* 103.]

[**Cerebellar Tumour—Friedreich's Disease.** *Table* 121.]

[**Cerebellar Tumour—Locomotor Ataxy.** *Table* 197.]

TABLE 75.

	CEREBRAL TUMOUR.	CEREBELLAR TUMOUR.
Head	Position unaffected.	Often retracted, or inclined to one shoulder.
Convulsions	Common — often Jacksonian.	Rare.
Squint	Usually unilateral.	Usually convergent.
Gait	Unaffected.	Reeling.
Romberg	Absent.	Occasionally present.
Aphasia	Common.	Absent.
Diadococinesia (73)	Absent.	Common.
Hemiplegia	Of opposite side.	Of same side if present.
Deafness	Absent.	Sometimes (same side).
Ataxia	Absent.	Common (arm chiefly).
Nystagmus	Very rare.	Common.
Vertigo	Generally absent.	Common.
Intellect	Often impaired.	Seldom impaired.

SYMPTOMS IN COMMON. — Severe headache; vomiting; squint; optic neuritis; history of syphilis or tubercle.

[**Cerebral Tumour—Bulbar Paralysis.** *Table* 68.]

TABLE 76.

	CEREBRAL TUMOUR.	CEREBRAL ABSCESS.
Age	One-third under 20.	10 to 30.
History	Of syphilis, tuberculosis, etc.	Of otorrhœa (50 per cent.), ozæna, empyema, or fevers.
Convulsions	One-fourth of the cases.	Rare.
Scalp Temperature	Normal.	Raised.
Optic Neuritis	Four-fifth of cases.	Uncommon.
Course	Slow.	Rapid.
Leucocytosis	Absent.	Present.
Cerebro-Spinal Fluid	Lymphocytosis.	Albuminous.

Symptoms in Common.—Headache; vomiting; slow pulse; hebetude; paralysis; emaciation; Jacksonian epilepsy; delirium; coma.

TABLE 77.

	CEREBRAL TUMOUR.	CEREBRAL THROMBOSIS (ARTERIAL).
Onset	Gradual.	Sudden.
Age	One-third under 20, except syphilitic cases.	Old persons.
Convulsions	Common.	Rare.
Paralysis	Often monoplegia.	Chiefly hemiplegia.
Headache	Intense.	Moderate.
Vomiting	Common.	Absent.
Termination	Softening rare.	Softening.

SYMPTOMS IN COMMON.—Headache ; optic neuritis ; aphasia ; athetosis ; and premonitory mental symptoms.

TABLE 78.

	CEREBRAL TUMOUR.	CIRRHOSIS OF KIDNEY.
Age	One-third under 20.	Usually over 40.
Pulse	Low tension—often slow.	High tension, somewhat fast.
Heart	Normal.	Hypertrophied.
Fundus Oculi	Optic neuritis.	Hæmorrhages, white spot near macula, neuro-retinitis.
Localizing Symptoms	Common.	Absent.
Athetosis	Common.	Absent.
Urine	Specific gravity normal; quantity unaffected.	Specific gravity low. Polyuria.
Œdema	Absent.	Common.

Symptoms in Common.—Convulsions; neuro-retinitis; giddiness; severe headache; slight albuminuria.

TABLE 79.

	CEREBRAL TUMOUR.	HYSTERIA.
Sex	Either.	Female.
Headache	Intense.	Cheerfully complained of.
Vomiting	Unrelated to meals—projectile.	Related to meals—straining.
Mentality	Dull—rarely emotional.	Emotional or apathetic.
Localizing Symptoms	Common.	Absent.
Paraplegia	Very rarely.	Commonest form.
Optic Neuritis	Present in four-fifths.	Absent.
Pulse	Usually slow.	Rapid, irritable.
Convulsions	Often Jacksonian.	General.
Urine	Normal specific gravity.	Low specific gravity.

Symptoms in Common.—Paræsthesiæ ; convulsions ; headache ; vomiting ; and sometimes athetosis and ptosis.

TABLE 80.

	CEREBRAL TUMOUR.	MIGRAINE.
Commencing Age	Two-thirds over 20.	10 to 17.
History	(?) Of syphilis or tubercle.	Often of gout in family—hereditary.
Headache	Persistent. Generally frontal or occipital.	Unilateral, paroxysmal. Lasts 2 to 24 hours.
Pulse	Often slow. Tension normal.	Rapid. High tension.
Pupils	Unequal.	Hippus.
Ocular Paralysis	Common.	Almost unknown.
Hemiplegiform Attacks	Persistent.	Transient.
Visual Aura	In epileptiform attacks—transient. Flushes only.	"Fortification Figures" or "Wavy Glimmer."
Coma	Late.	Absent.
Optic Neuritis	Present in four-fifths.	Absent.

SYMPTOMS IN COMMON. — Headache; vertigo; vomiting; numbness; dimness of sight.

TABLE 81.

	CHLOROSIS.	CIRRHOSIS OF KIDNEY.
Age	14 to 24.	Chiefly middle age.
Sex	Female.	Males 2 to 1.
Face	Yellowish-green.	Pallid.
Heart	Sometimes dilated.	Hypertrophied.
Pulse	Soft—low tension.	Strong—high tension.
Albuminuria	None.	Slight, but rarely absent.
Blood	Slight oligocythæmia. Hæmoglobin much lowered.	Polycythæmia.
Retinal Hæmorrhages	Absent.	Present.
Menstruation	Arrested.	Unaffected.

Symptoms in Common. — Puffiness; headache; vomiting; swollen optic discs; urine pale, of low specific gravity, and increased in quantity.

TABLE 82.

	CHLOROSIS.	GASTRIC ULCER.
Hæmorrhage	Absent.	Hæmatemesis, melæna.
Nutrition	Good.	Poor.
Face	Yellowish-green.	Pallid.
Tenderness	Diffused epigastric; none in back.	Localized over small area in epigastrium, and to left of 12th dorsal vertebra (Boas' point).
Blood	Hæmoglobin much diminished; slight oligocythæmia.	Marked oligocythæmia. Hæmoglobin lowered only in proportion to hæmorrhage.
Heart	Often dilated.	Not a factor.
Menstruation	Arrested.	Often unaffected.
Effect of Recumbency	After 48 hours, full diet may be given without producing pain.	Nil.

Symptoms in Common.—Anæmia; dyspepsia; hæmic murmurs; some œdema. Both occur principally in young women.

Caution.—Gastric ulcer is a not uncommon complication of chlorosis.

TABLE 83.

	CHLOROSIS.	HEART DISEASE.
Age	14 to 24.	Any age.
Sex	Female.	Either.
History	Amenorrhœa.	Rheumatism or chorea.
Complexion	Yellowish-green.	Flushed, pale, or cyanotic, according to lesion.
Murmurs	Blowing—not conducted.	Rough—conducted.
Venous Hum	Present.	Absent unless the patient is anæmic.
Blood	Diminished hæmoglobin; slight oligocythæmia; no leucocytosis.	Unaltered or of secondary anæmia type.
Menstruation	Arrested.	Unaffected.

SYMPTOMS IN COMMON.—Dyspnœa; fainting; œdema; murmur; dilated heart.

[**Chlorosis—Pernicious Anæmia.** *Table* 17.]

TABLE 84.

	CHOLERA, ASIATIC.	ARSENIC POISONING, ACUTE.
History	Of epidemic.	(?) Of intentional or accidental poisoning.
Prodromata	Headache, malaise, etc., in exceptional cases.	Absent.
Burning Pain	Absent.	Present in epigastrium.
Vomiting	Accompanies the diarrhœa.	Precedes the diarrhœa.
Constriction of Throat	Absent.	Present.
Stools	Contain no blood—"rice-water" type.	Contain blood.
Abdomen	Retracted.	Swollen and tender.
Cramps	Severe.	Slight or absent.
Temperature	Subnormal (axilla).	Normal.
Cholera Bacillus	Present.	Absent.

SYMPTOMS IN COMMON.—Diarrhœa; vomiting; abdominal pains; tenesmus; collapse.

TABLE 85.

	CHOLERA, ASIATIC.	CHOLERA NOSTRAS.
History	Of epidemic.	Ingestion of tainted food, etc.
Voice	Aphonic early.	Aphonic late, if at all.
Temperature	May fall to 90° or less.	Not below 96°.
Cramps	Marked.	Less pronounced.
Rice-water Stools	Early.	Late, if at all.
Organism	Comma bacillus.	None recognized.
Collapse	Early.	Late.
Abdomen	Retracted.	Often distended.

SYMPTOMS IN COMMON.—Profuse diarrhœa, with vomiting, cramp, abdominal pain, subnormal temperature, and collapse.

TABLE 86.

	CHOREA.	FRIEDREICH'S DISEASE.
History	Of rheumatism.	Of infective fever.
Heredity	Nil.	Familial.
Predominating Sex	Female.	Male.
Duration	1 to 4 months.	15 to 20 years.
Incoördination	Begins in arms or face.	Begins in legs.
Tendon Reflexes	Chorea phenomenon (88).	Lost.
Paralysis	Rare; if present, monoplegia or hemiplegia; paraplegia almost unknown.	Usually ends in paraplegia.
Deformities	None.	Claw hand, pescavus, cyphosis, scoliosis.
Mental Weakness	Occasionally late.	None.
Movements	Face involved.	Face often escapes.

SYMPTOMS IN COMMON.—Jerky movements of arms; altered gait; interrupted speech; nystagmus. The diseases begin from 6 to 16.

TABLE 87.

	CHOREA, SYDENHAM'S.	CHOREA, HUNTINGTON'S.
Incidence	Common.	Rare.
Age	5 to 16.	Usually 30 to 50.
Sex	Females 3 to 1.	Either.
Heredity	None.	Some forms are hereditary or familial.
Duration	1 to 4 months.	10 to 30 years.
Movements	Sudden, irregular, jerky, not amenable to the will.	Relatively slow. The movements can be arrested by a strong effort of the will.
Tendon Reflexes	Diminished.	Somewhat increased.
Chorea Phenomenon (88)	Present.	Absent.
Speech	Jerky.	Slow and difficult.
Mental Weakness	Temporary — chiefly in adults.	Progressively worse.

Symptoms in Common.—Jerking and twitching, beginning in arms and spreading to other parts; they cease during sleep. Incoördination, with altered gait and speech.

TABLE 88.

	CHOREA, SYDENHAM'S.	PARAMYOCLONUS MULTIPLEX.
Age	Commonly 5 to 16.	Young adults.
Sex	Females 3 to 1.	Males.
History	Of rheumatism or fright.	Of severe mental or physical strain. Often familial.
Movements	Asymmetrical. Usual order—arms, face, and legs.	Symmetrical, sudden and violent. Clonic contractions of hands and feet.
On Voluntary Movement	Spasms increase.	Spasms cease.
Eyeball Muscles	Nystagmus, etc.	Unaffected.
Facial Muscles	Affected.	Rarely affected.
Chorea Knee Phenomenon	Present.	Absent.
Speech	Interrupted.	Unaffected.
Paralyses	Occasionally present.	Absent.

Symptoms in Common.—Clonic spasm, ceasing during sleep; impaired coördination.

Explanation.—In the "chorea phenomenon" the leg, when the patellar tendon is tapped, remains fully extended for a second or two, the foot and toes jerking.

[**Paramyoclonus Multiplex—Friedreich's Disease.** *Table* 124.]

TABLE 89.

	COLITIS, ULCERATIVE.	TYPHOID FEVER.
Age	Over 40.	Childhood to 50.
Vomiting	Common.	Rare.
Abdominal Pain	Severe and paroxysmal.	Slight and continuous or absent.
Motions	Very offensive; dark.	"Pea-soup."
Melæna	Common.	Absent except in very severe cases.
Pyrexia	If present, irregular.	Typical (331).
Spleen	Normal.	Enlarged.
Widal's Reaction	Absent.	Present.
Organism	None.	Bacillus typhosus.

SYMPTOMS IN COMMON. — Diarrhœa; abdominal distension; pyrexia; wasting.

[**Membranous Colitis—Dysentery.** *Table* 111.]

TABLE 90.

	CONJUNCTIVITIS, ACUTE.	GLAUCOMA, ACUTE.
Conjunctiva	Injection diffused.	Injection chiefly circumcorneal.
Pain	Moderate.	Intense.
Pupil	Normal; sensitive.	Dilated, inactive. Sometimes oval.
Tension	Normal.	Much increased.
Optic Disc	Unaffected.	Cupped; veins dilated.
Cornea	Cloudy, sensitive.	Dull; insensitive
Vision	Unaffected.	Impaired. Rainbow edges to objects.
Photophobia	Marked.	Absent.

SYMPTOMS IN COMMON.—Bloodshot conjunctiva, with pain in eyeball.

TABLE 91.

	CYST, SUPERFICIAL.	ABSCESS, CHRONIC.
Margin	Well defined.	Ill defined.
Mobility	Present.	Slight or absent.
Local Œdema	Absent.	Present.
Heat	None.	Slight.
Fluctuation	Absent or slight.	Marked unless tense, or deep.
Tenderness	Absent.	Present.
General Health	Unaffected.	Lowered.
Growth	Very slow.	Relatively fast.
Leucocytosis	Absent.	Present.
On Puncture	Clear fluid or sebum.	Pus.

Symptoms in Common.—A more or less spherical swelling slow of growth, and exhibiting fluctuation.

TABLE 92.

	CYSTITIS, SIMPLE.	CYSTITIS, CALCULOUS.
History	Of catheterism, gonorrhœa, etc.	Of renal colic.
Urine Stream	Continuous.	Sometimes suddenly arrested.
Hæmaturia	Absent.	Following exertion.
Pain	In hypogastrium.	In meatus and testicle.
Rectal Examination	Thickening of bladder.	Stone felt.
Sound	No result.	Positive.
Cystoscope	Inflamed mucous membrane.	Stone visible.
Rigidity	Absent.	Of lower segments of rectus muscles.

SYMPTOMS IN COMMON.—Frequent micturition; pyuria; muco-purulent and ammoniacal urine.

TABLE 93.

	CYSTITIS.	PYELITIS.
Pyuria	Pus settles quickly.	Pus diffused through urine.
Mucus	Abundant.	Less evident.
Reaction	Alkaline.	Acid until late.
Palpation	No renal swelling.	Swelling over kidney.
Tenderness	If any, hypogastric or per rectum.	Over kidney.
Cystoscope	Inflamed mucous membrane.	Pus exuding from ureter.
Luy's Separator	Pus from both halves.	Pus from one-half.

SYMPTOMS IN COMMON.—Micturition painful and frequent; pus in urine.

TABLE 94.

	CYSTITIS, SIMPLE.	TUBERCULOSIS OF BLADDER.
History	Of catheterism, gonorrhœa, etc.	Tubercle elsewhere.
Age	Commonest in old age.	15 to 45.
General Condition	Depression.	Wasting, fever, sweats.
Strangury	Common.	Rare.
Reaction	Alkaline.	Often acid.
Hæmaturia	Absent.	Common.
Microscopic	Pus, epithelium, etc.	Pus, elastic fibres; Bacillus tuberculosus.
Cystoscope	Inflamed mucous membrane.	Ulcer.

SYMPTOMS IN COMMON.—Frequent micturition; tenderness per rectum; muco-purulent urine.

TABLE 95.

	DEAFNESS, OBSTRUCTIVE.	DEAFNESS, NERVOUS.
Age	Any age.	Commoner after 30.
Onset	Sudden.	Gradual.
Pitch	High-pitched sounds heard best.	Low-pitched sounds heard best.
Speculum	Wax or foreign body present.	Negative.
Tuning Fork on Forehead	Heard best in deaf ear.	Heard best in sound ear
Otorrhœa	Common.	Absent.
General Health	Good.	Often poor.

Symptoms in Common.—Deafness, tinnitus aurium.

TABLE 96.

	DELIRIUM TREMENS.	TYPHUS FEVER.
History	Of alcoholism.	Of epidemic.
Onset	Less abrupt; no rigor.	Sudden; with rigor or chill.
Incidence	Common.	Rare in United Kingdom.
Backache	Absent.	Marked.
Temperature	Moderate.	High.
Pulse	Moderate.	Very rapid.
Skin	Moist; no rash.	Dry; a macular rash.
Odour	Sometimes alcoholic.	"Rotten straw."
Tremor	From beginning.	Only very late.

SYMPTOMS IN COMMON.—Delirium, headache, and vomiting.

[**Delirium Tremens—Acute Mania.** *Table* 211.]

TABLE 97.

	DIABETIC COMA.	FRACTURED BASE.
History	Of wasting, polyuria, etc.	Of fall or blow.
Breath	Sweet or "new-mown hay."	Unaltered.
Pupils	Equal.	Unequal.
Ear	Nil.	Discharge of blood or cerebro-spinal fluid.
Eyeball	Unaffected.	Proptosis (orbital form).
Eyelid	Unaffected.	Ecchymosis (orbital form).
Nose	Unchanged.	Bleeding, or discharging clear fluid.
Breathing	"Air-hunger" (8).	Slow and stertorous.
Paralysis	None.	Facial, ocular, or hemiplegic.
Urine	Contains acetone or sugar. Specific gravity high.	Unaltered.

SYMPTOMS IN COMMON.—Coma; slow pulse; heavy and perhaps "Cheyne-Stokes" breathing.

[**Diabetic Coma—Alcoholic Coma.** *Table* 8.]

[**Diabetic Coma—Apoplexy.** *Table* 32.]

[**Diabetic Coma—Uræmia.** *Table* 339.]

TABLE 98.

	DIPHTHERIA.	VINCENT'S ANGINA.
Incidence	Common.	Rare—though the bacillus is very general.
Incubation	12 hours to 4 days.	1 week.
Contagion	Common.	Uncommon.
Season	Winter and autumn.	Commonest in spring.
Constitutional Symptoms	Severe.	Slight or absent.
Course	Dangerous.	Mild.
Temperature	High.	Slightly raised.
Glandular Swelling	Marked.	Often absent or slight.
Ulcerations	Slight or superficial.	Marked—flat, with hard base and sloping edges.
Organism	Bacillus of Klebs-Loeffler.	Bacillus fusiformis.
Antitoxin	Curative.	No effect.

SYMPTOMS IN COMMON.—A membrane on the fauces, leaving, on its fall, an ulcer; enlarged sub-maxillary and cervical glands; age usually under 24.

TABLE 99.

	DIPHTHERIA.	SCARLATINA.
Incubation	12 hours to 4 days.	8 to 9 days.
Onset	Vomiting rare.	By vomiting.
Rigor	Common.	Exceptional.
Temperature	Moderate.	High.
Pulse	Moderate.	Quick in proportion to the temperature.
Eruption	Rare; occasionally vesicles and bullæ.	Erythematous, with minute spots, beginning on neck and chest; no vesicles.
Fauces	Redness, and swelling slight.	Swollen, of a vivid red.
Membrane	Always present.	Rarely present.
Organism	Klebs-Loeffler bacillus.	Streptococcus conglomeratus or S. pyogenes.

SYMPTOMS IN COMMON.—Inflamed fauces, sometimes with membrane; enlarged glands; pyrexia.

CAUTION.—Antitoxin may produce an erythematous rash.

TABLE 100.

	DIPHTHERIA.	FOLLICULAR TONSILLITIS.
History	Previous attack rare.	Of previous attack.
Age	Common under 10.	Rare under 10.
Incubation	12 hours to 4 days.	4 days.
Pyrexia	Not pronounced.	Very marked.
Faucial Patches	Rarely punctate; irremovable without force.	Punctate at first; can be removed by a brush.
Ulceration	On separation of membrane.	Absent.
Organism	Bacillus of Klebs-Loeffler.	Streptococcus.
Nostrils	Often involved.	Never involved.

SYMPTOMS IN COMMON.—A contagious tonsillitis, with greyish patch; enlarged glands, foul breath, and fever.

[**Diphtheria—Influenza.** *Table* 170.]

[**Diphtheritic Neuritis—Locomotor Ataxy.** *Table* 199.]

TABLE 101.

	DISLOCATIONS.	FRACTURES.
History.	Of fall, not blow; sometimes of similar dislocation previously.	Of fall or blow.
Ecchymosis	Late.	Early.
Mobility	Diminished.	Increased.
Shortening	In rare forms only.	Usually present.
Lengthening	Common.	Absent.
Callus	Absent	In old cases (3rd week).
Axis of Bone	Continuous; the whole bone rotated if at all.	Interrupted; one fragment only may be rotated.
Crepitus	Absent.	Present unless impacted or "green stick."
X Rays	Conclusive.	Conclusive.
Projecting Broken Edge	Absent.	Sometimes felt.

SYMPTOMS IN COMMON.—History of a fall, with pain in, and perhaps shortening of, a limb.

CAUTION.—A dislocation and a fracture may be combined.

TABLE 102.

	DISSEMINATED SCLEROSIS.	ATAXIC PARAPLEGIA.
History	Sometimes hereditary.	Sometimes of malaria; not hereditary.
Age	20 to 30; rarely, in children.	Middle age.
Sex	Either.	Male.
Ataxia	Rare.	Constant and early.
Nystagmus	Marked.	Absent.
Tremors	"Intention tremor."	Absent, except in face.
Romberg	Absent.	Constant.
Babinski	Common.	Absent, or very rare.
Optic Atrophy	Common.	Absent.
Speech	Slow and scanning.	Unaffected or jerky.
Numbness and Tingling	Common.	Absent.
Gait	Spastic.	Reeling.
Cerebro-spinal Fluid	Some lymphocytosis.	Normal.

SYMPTOMS IN COMMON.—Exaggerated reflexes; ankle clonus and early impotence; paralysis and some mental weakness in late stage.

[**Disseminated Sclerosis—Neurasthenia.** *Table* 238.]

[**Disseminated Sclerosis—Paralysis Agitans.** *Table* 255.]

TABLE 103.

	DISSEMINATED SCLEROSIS.	CEREBELLAR TUMOUR.
History	Sometimes hereditary.	Syphilis, tubercle, etc.
Age	20 to 30. Rarely, in childhood.	Any age.
Gait	Spastic.	Reeling with rotation to side away from tumour.
Speech	Slow and scanning.	Rarely affected.
Head	Unaffected.	Retracted.
Nystagmus	Constant.	Rare.
Knee-Jerks	Exaggerated.	Generally lost.
Headache	If present, slight.	Intense — usually occipital.
Vomiting	Absent.	Marked—projectile.
Spinal Pain	Occasionally.	Absent.
Optic Atrophy	Primary.	Only when secondary to neuritis.
Paralysis	Usually spastic. Face very rarely affected.	Rarely spastic. Face often affected.
Tremors	"Intention tremor."	Rare.
Diadococinesia (73)	Absent.	Present.

Symptoms in Common.—Affections of gait and speech, with, sometimes, nystagmus.

TABLE 104.

	DISSEMINATED SCLEROSIS.	CHRONIC BULBAR PARALYSIS.
Age	20 to 30. Rarely, in children.	Over 40.
Speech	Slow and scanning.	Slurred, nasal, finally lost.
Tongue	Unaffected.	Wasted.
Tremors	"Intention tremor."	Fibrillary tremor of tongue.
Nystagmus	Constant.	Absent.
Swallowing	Unaffected.	Difficult.
Mastication	Unaffected.	Difficult or impossible.
Voice	Unaltered.	1st stage, hoarse; 2nd, aphonic.
Paralysis	Absent.	Of tongue, lips, and pharynx.
Ankle Clonus	Present.	Absent.

SYMPTOMS IN COMMON.—Affected speech; tremor; chronic course.

TABLE 105.

	DISSEMINATED SCLEROSIS.	FRIEDREICH'S DISEASE.
History	Not familial, but sometimes hereditary.	Familial.
Age	20 to 30. Rarely, in childhood.	6 to 15—rarely to 25.
Tremors	"Intention tremor," not jerking.	Choreiform—jerking. No "intention tremor."
Ataxia	Rare	Begins in legs, and gradually, during 5 or 6 years, extends to arms and trunk.
Knee-Jerks	Exaggerated.	Lost.
Contractures	Absent.	Claw hand, pes cavus.
Scoliosis	Absent.	Often present.
Ankle Clonus	Marked.	Absent.
Romberg	Absent.	Present.
Gait	Spastic.	Reeling.

SYMPTOMS IN COMMON.—Slow and measured speech; nystagmus; diplopia; and tremors. Both are commonest in males.

TABLE 106.

	DISSEMINATED SCLEROSIS.	GENERAL PARALYSIS.
History	Rarely hereditary.	Of syphilis. Not hereditary.
Age	20 to 30.	35 to 50.
Tremors	"Intention tremor."	Of tongue, lips, and of angles of mouth.
Mental Symptoms	Absent.	Irritability, megalomania, dementia.
Gait	Spastic.	Reeling.
Fits	Rare.	Apoplectic, epileptiform, or Jacksonian.
Diplopia	Common.	Rare.
Pupils	Unaffected.	Unequal, Argyll-Robertson ; often oval.
Westphal's Sign	Absent.	Present.
Knee-Jerks	Exaggerated.	Lost.
Ankle Clonus	Present.	Absent.
Romberg	Absent.	Present.
Handwriting	Vibratile.	Letters omitted or not joined. Upstrokes shaky.

SYMPTOMS IN COMMON.—Slow speech ; tremors ; altered gait.

EXPLANATION.—"Westphal's sign." On trying to open the lids against the will of the patient the pupils contract.

TABLE 107.

	DISSEMINATED SCLEROSIS.	HEREDITARY CEREBELLAR ATAXIA.
History	Rarely hereditary; not familial.	Familial.
Age	20 to 30.	About puberty.
Tremors	Marked.	Rare.
Ataxia	Slight or absent.	Very marked.
Nystagmus	Marked.	Absent.
Gait	Spastic.	Reeling and unsteady.
Speech	Slow, scanning.	Jerky and monotonous, with varying pitch.
Romberg	Absent.	Very rare.

Symptoms in Common. — Ankle clonus; exaggerated reflexes; optic atrophy; "intention tremor." The commencing age may be the same.

TABLE 108.

	DISSEMINATED SCLEROSIS.	LOCOMOTOR ATAXY.
Age	20 to 30.	30 to 50.
Tremors	"Intention tremor."	Absent; rarely jerking movements.
Nystagmus	Marked.	Absent or very rare.
Gait	Spastic throughout.	1st stage: short steps with stiff knees. 2nd stage: jerky and stamping.
Knee-Jerks	Exaggerated.	Lost.
Romberg	Absent.	Present.
Crises	None.	Lightning pains, gastric crises, etc.
Pupils	Unaffected.	Argyll-Robertson, contracted; often oval.
Westphal's Sign (106)	Absent.	Present.
Girdle Sensation	Absent.	Common.
Anæsthesia	Irregular. Sometimes hemianæsthesia.	Sole, poplitæal space, glans penis, tendo Achillis.
Analgesia	None.	A zone from 2nd rib to navel.
Therm-æsthesia	Unaffected.	Diminished.
Vibration Sense	Present.	Lost early.
Speech	Slow and scanning.	Unaffected.
Trophic Symptoms	None.	Charcot joint. Perforating ulcer of foot.
Sphincters	Unaffected.	Affected late.
Wasting	None.	Marked.

SYMPTOMS IN COMMON.—Optic atrophy; altered gait. The resemblance is not very close, unless the posterior columns become the seat of sclerosed patches.

TABLE 109.

	DYSENTERY, CHRONIC.	CANCER OF RECTUM.
Incidence	Rare in England.	Common.
History	Of previous acute attack. Or of former residence in the tropics.	Nil.
Age	Any age.	After middle life.
Face	Pallid.	Sallow.
Digital Examination of Rectum	Nil.	Annular or fleshy mass obstructing passage.
Froth in Stools	Common.	Little or none.
Fleshy Lumps	Common.	Rare.
Shreds and Membranes	Common.	Rare.
Microscope	Amœba histolytica, B. coli dysentericus.	(?) Cancer cells.
Effect of Emetin	Rapid cure of amœbic form (½ grain doses hypodermically).	Nil.

SYMPTOMS IN COMMON.—Pain, tenesmus, wasting; fœtid, mucous, and bloody stools; constipation alternating with diarrhœa.

[**Cancer of Rectum—Internal Hæmorrhoids.** *Table* 148.]

TABLE 110.

	DYSENTERY, CHRONIC.	DIARRHŒA.
History	Of an acute attack, or of residence in the tropics.	Of tainted or unwholesome food, etc.
Tenesmus	Marked.	Rare.
Blood in Stools	Common.	Rare.
Mucus	Abundant.	Not marked.
Membranes and Shreds	Present.	Absent.
Fleshy Lumps	Common.	Absent.
Organism	Amœba histolytica, B. coli dysentericus.	Chiefly Bacillus coli.
Emetin	Rapidly cures the amœbic form.	No effect.

Symptoms in Common.—Tenesmus; tormina; frequent defæcation.

TABLE 111.

	DYSENTERY, CHRONIC.	MEMBRANOUS COLITIS.
History	Of acute attack, or of residence in the tropics.	Nil.
Age	Any age.	At or after middle life.
Sex	Commonest in men.	Commonest in women.
Tenesmus	Marked.	Slight.
Rectal Pain	Burning.	Slight.
Blood in Stools	Abundant.	Scanty.
Fleshy Lumps	Present.	Absent.
Organism	B. coli dysentericus, Amœba histolytica.	Chiefly B. coli communis.
Defæcation	Very frequent.	Infrequent.
Emetin	Cures amœbic form rapidly.	No effect.

Symptoms in Common.—Blood, mucus, and membranes in stools; tormina and griping.

TABLE 112.

	ECZEMA.	PSORIASIS.
Distribution	Irregular.	Symmetrical.
Colour	Crimson or deep pink.	Pale muddy pink.
Surface Affected	Flexor side or where skin is soft.	Extensor side, especially knees and elbows.
Patch	Often very large; irregular in shape.	Small and round, unless confluent.
Crust	Scabby. Shows a weeping surface on removal of scab.	Scaly. Shows bleeding points on removal of scales.
Itching	Marked.	Slight, and in first stage only.
Recurrence	Uncommon.	Common.
Face	A common seat.	Rarely affected — except forehead and temples.

SYMPTOMS IN COMMON.—A patchy skin affection, occurring on arms and legs.

TABLE 113.

	ECZEMA.	LUPUS ERYTHEMATOSUS.
Distribution	Face, hands, legs, arms, etc.	Face and hands.
Sex	Either.	Chiefly females.
Itching	Marked.	Absent.
Scarring	Absent.	Present.
Patch	Irregular.	Ringed.
Margin	Defined; surrounded by clear skin.	Reddish-brown. Stippled with greyish dots.
Exudation	Common.	Rare.
Vesicles	Common.	Rare.
Organism	(?) Streptococcus epidermidis alba.	Unknown; *not* B. tuberculosus.

Symptoms in Common.—A patch of inflamed skin on face or hands.

TABLE 114.

	EPILEPSY, MINOR.	SYNCOPE.
Onset	Sudden.	Some warning.
Cause	Apparently none.	Heat, bad air, exertion, etc.
Aura	Sometimes present.	None.
Bladder	Incontinence common.	Unaffected.
Recovery	Rapid.	Gradual.
Sequel	Somnolence.	Weakness.
Time	Common at night.	Daytime mostly.

SYMPTOMS IN COMMON.—History of previous attack; pallor; and temporary loss of consciousness.

TABLE 115.

	EPILEPTIC SEIZURE.	MALINGERING.
Fall	Anywhere and unpremeditated.	In a public place, free from danger.
Frothing	Salivary.	(?) Soap; if so, strongly alkaline to litmus.
Tongue	Often bitten or scarred.	Not bitten or scarred.
Hearing	Suspended.	Suggestions of disagreeable remedies heard.
Painful Stimuli	Unfelt.	Felt.
Conjunctival Reflex	Absent.	Present.
Cyanosis	Often present.	Absent.
Sphincters	Incontinence of urine.	Unaffected.

SYMPTOMS IN COMMON.—Apparent unconsciousness and convulsions.

TABLE 116.

	EPILEPSY, MAJOR.	HYSTERIA.
Age	Any age.	15 to 25 or menopause.
Sex	Chiefly males.	Females.
Præmonitions	Aura (50 per cent.).	Palpitation or choking sensation.
Cause	None evident.	Emotional disturbance.
Struggling	Purposeless.	Purposive.
Voice	Silence or only grunts.	Screaming and talking.
Tongue	Bitten or scarred.	Unaffected.
Froth	From mouth.	Absent.
Unconsciousness	Complete.	Incomplete.
Eyelids	No quivering; often wide open.	Quivering; attempts to open them resisted.
Duration	Tonic spasm a few seconds; clonic about 3 minutes.	10 to 30 minutes or more.
Sequel	Somnolence.	Exhaustion.
Bladder	Incontinence common.	Unaffected, but the attack is often followed by the passage of pale urine.

Symptoms in Common.—Convulsions, unconsciousness.

TABLE 117.

	EPILEPSY, MINOR.	MENIÈRE'S DISEASE.
History	Of previous attacks.	Of causes conducive to hæmorrhage, as purpura, high-tension pulse, etc.
Giddiness	Momentary only.	Reeling or falling to the ground.
Deafness	Absent.	Nerve deafness in one ear.
Tinnitus	Absent.	Sudden and loud.
Memory	May be lost temporarily.	Unaffected.
Vomiting	Absent.	Common; in slight cases, nausea only.
Duration	1 to 5 seconds.	It ceases only on recumbency.
Nystagmus	Absent.	Sometimes.
Sphincters	Incontinence of urine.	Unaffected.

Symptoms in Common.—A sudden attack of giddiness, with or without momentary unconsciousness.

TABLE 118.

	ERYSIPELAS.	ERYTHEMA NODOSUM.
History	Of breach of surface.	Of rheumatism.
Age	Any age.	Adolescence.
Sex	Either.	Female.
Distribution	Common on face; asymmetrical.	Chiefly on shins; symmetrical.
Affected Area	Diffused and flat; spreading.	Patchy and raised.
Tenderness	Slight.	Marked.
Colour	Red fading to pink.	Red fading to yellow.
Bullæ	Common.	Absent.
Temperature	High.	Little or no rise.
Ears	Often very swollen.	Unaffected.

SYMPTOMS IN COMMON.—Redness, swelling, and œdema of the skin.

TABLE 119.

	ERYSIPELAS FACIEI.	URTICARIA.
History	Nasal trouble common; sometimes otorrhœa.	Error of diet, especially shellfish, mackerel, pork, etc.
Temperature	Raised.	Normal.
Skin	Diffused redness and œdema; bullæ on ears and cheeks.	Wheals, with œdema between them; no bullæ.
Distribution	Face only; does not extend to the neck.	Face, neck, trunk, and limbs.
Cervical Glands	Enlarged.	Normal.
Itching	Slight.	Very marked.
Digestive Disturbance	Absent.	Vomiting, diarrhœa, etc.
Epistaxis	Common.	Absent.
Dermatographia	Absent.	A line drawn across the skin with the thumbnail may produce wheals.

Symptoms in Common.—Redness and swelling of face; puffiness of eyelids.

TABLE 120.

	FRACTURE OF BASE.	HEAT STROKE.
History	Of fall or blow.	Of exposure to sun or furnace.
Pupils	Unequal.	Equal.
Eyelids	Ecchymosed (in orbital cases).	Unaltered.
Temperature	Not raised, except towards the end.	Hyperpyrexia.
Paralysis	Facial, ocular, or hemiplegic.	None if uncomplicated.
Discharge	Of cerebro-spinal fluid, or of blood, from ear or nose.	None.
Pulse	Slow.	Rapid in some cases.
Cracked Pot Sound	Sometimes audible by combined auscultation and percussion of head.	Absent.

SYMPTOMS IN COMMON.—Coma ; irregular, stertorous breathing.

[**Fracture of Base—Alcoholic Coma.** *Table* 9.]

[**Fracture of Base—Apoplexy.** *Table* 33.]

[**Fracture of Base—Diabetic Coma.** *Table* 97.]

[**Fracture of Base—Uræmic Coma.** *Table* 340.]

TABLE 121.

	FRIEDREICH'S DISEASE.	CEREBELLAR TUMOUR.
History.	Familial.	Of syphilis, tubercle, etc.
Age	5 to 15 or, rarely, to 25.	Any age.
Headache	Absent.	Intense.
Vomiting	Absent.	Present—projectile.
Speech	Slow and scanning.	Rarely affected.
Vertigo	Absent.	Present.
Deformities	Scoliosis, claw hand, pes cavus.	None.
Tremor	Common, choreiform.	Rare.
Knee-Jerk	Lost.	Exaggerated or, rarely, lost.
Diadococinesia (73)	Absent.	Of same side.
Optic Neuritis	Absent.	Common.
Gait	Even reeling and stamping.	Reeling to opposite side of tumour.

SYMPTOMS IN COMMON.—Ataxia; reeling gait; nystagmus; Romberg; jerking of arms.

[**Friedreich's Disease—Chorea.** *Table* 86.]

[**Friedreich's Disease—Disseminated Sclerosis.** *Table* 105.]

TABLE 122.

	FRIEDREICH'S DISEASE.	HEREDITARY CEREBELLAR ATAXIA.
Age	5 to 15—rarely to 25.	Over 20.
Romberg	Present.	Very rare.
Nystagmus	Present.	Absent.
Knee-Jerks	Lost.	Often exaggerated.
Ankle Clonus	Absent.	Present.
Speech	Slow and scanning.	Sometimes jerky and explosive.
Deformities	Scoliosis, claw hand, pes cavus.	Absent.
Optic Atrophy	Absent.	Common.
"Intention Tremor"	Absent.	Sometimes present.
Pupils	Unaltered.	Argyll-Robertson common.

SYMPTOMS IN COMMON.—Familial history; reeling gait; ataxia; irregular movements of hands and face; impaired articulation; mental defects.

TABLE 123.

	FRIEDREICH'S DISEASE.	LOCOMOTOR ATAXY.
Age	5 to 15—rarely to 25.	30 to 50.
Wasting	Absent.	Marked.
Gait	(1) Reeling with feet apart; (2) Stamping.	(1) Short steps and stiff knees; (2) Stamping.
Deformities	Scoliosis, pes cavus, claw hand.	Hyperextension of knees.
Pupils	Normal.	Argyll-Robertson, oval; Westphal's sign (106).
Expression	Vacant.	Fixed.
Crisis	Absent.	Lightning pains, gastric crises, etc.
Sphincters	Unaffected.	Incontinence common, late.
Nystagmus	Common.	Absent.
Therm-æsthesia	Normal.	Diminished or lost.
Analgesia	Absent.	A zone from second rib to umbilicus.
Anæsthesia	Slight and irregular.	Sole, tendo Achillis, popli-tæal space, glans penis.
Vibration Sense	Normal.	Lost early.
Hutchinson's Mask (198)	Absent.	Present.
Choreic Movements	Present.	Absent.

SYMPTOMS IN COMMON.—Romberg; ataxia; lost knee-jerks; Babinski and, in second stage, stamping gait. Males chiefly affected.

TABLE 124.

	FRIEDREICH'S DISEASE.	PARAMYOCLONUS MULTIPLEX.
History	Of infective fever. Familial.	Of severe mental or physical strain.
Age	5 to 15—rarely to 25.	Young adults.
Paralysis	Usually ends in paraplegia.	Absent.
Speech	Interrupted, slow.	Unaffected.
Movements	Jerky movements of arms.	Symmetrical. Clonic contractions of hands and feet.
Nystagmus	Common.	Absent.
Coördination	Affected.	Affected in severe cases.
Epileptic Seizures	Absent.	Occasionally.
Tendon Reflexes	Lost.	Exaggerated.
Deformities	Claw hand, pes cavus, cyphosis, scoliosis.	Absent.
Gait	Reeling with feet apart; later, stamping.	Unaltered.

SYMPTOMS IN COMMON.—A spasmodic affection chiefly affecting males.

TABLE 125.

	GALL-STONES.	CANCER OF LIVER.
Sex	Female 7 to 2.	Equally divided.
Pain	Paroxysmal.	Continuous.
Wasting	Not marked.	Rapid.
Jaundice	Intermittent.	Gradually deepening.
Enlargement of Liver	If present, smooth.	Nodular.
Intermittent Pyrexia	Common.	Very rare.
X Rays	May show calculus.	Enlarged liver only.
History	Of previous attack.	Nil.

SYMPTOMS IN COMMON.—Pain; jaundice; enlarged liver; rigid right rectus. Both diseases are common between 40 and 60.

[**Gall-Stones—Appendicular Colic.** *Table* 38.]

TABLE 126.

	GALL-STONES.	DISTOMIASIS.
History	Of previous attacks.	Of residence in Egypt, Japan, etc.
Anæmia	Absent.	Marked.
Diarrhœa	Absent.	Common.
Wasting	Absent.	Usually present.
Tenderness	Near the navel and over the ninth right costal cartilage.	None.
Ascites	Absent.	In severe cases.
Rigidity	Of right rectus.	None.
Stools	May show a gall-stone.	Show parasite or ova.
X Rays	May show a calculus.	Negative.

SYMPTOMS IN COMMON.—Pain; jaundice; enlarged liver; gastric disturbance.

TABLE 127.

	GALL-STONES	FLOATING RIGHT KIDNEY.
Swelling	Moves with respiration.	No movement with respiration.
Enteroptosis	None.	More or less general.
Urination	No relief follows.	If copious, relieves pain.
Inflation of Colon	Dulness unaltered.	Abolishes previous dulness unless the kidney is very free.
Pain between Attacks	Absent.	In back, dragging.
Tenderness	1 inch to right of and above the navel. Over the ninth right costal cartilage.	None — only a sick or faint feeling on pressure.
Resonance	Normal.	Right loin.
X Rays	May show calculus.	May show displaced kidney.
Rigidity	Of right rectus.	Absent.

Symptoms in Common.—Intermittent pain, accompanied by a feeling of faintness; jaundice; vomiting; swelling in right hypochondrium; commoner in females.

TABLE 128.

	GALL-STONES.	GASTRIC ULCER.
Age	30 to 60.	15 to 30.
Pain	Right hypochondrium, umbilicus, and back. Unrelated to food.	Epigastrium and left hypochondrium. Follows food.
Tender Spots	1 inch above and to right of the umbilicus. Over the ninth right costal cartilage.	Small area in epigastrium. To left of twelfth dorsal vertebra.
Jaundice	Common.	Absent.
Hæmatemesis	Absent.	Common.
Melæna	Absent.	Common.
Hyperchlorrhydria	Absent.	Present.
Liver	Sometimes enlarged.	Normal.
X Rays	(?) Calculus visible.	Normal; or shows bismuth collected on the ulcer surface.
Intermittent Pyrexia	Common.	Absent.

SYMPTOMS IN COMMON.—Dyspeptic symptoms; intermittent pain; female sex; rigid rectus.

[**Gall-Stone Obstruction—Intussusception.** *Table* 175.]

TABLE 129.

	GALL-STONES.	PANCREATIC CALCULUS.
Jaundice	Present (unless the stone is loose or in the cystic duct).	Rare.
Stools	Pale, not fatty.	Pale and fatty.
Glycosuria	Absent.	Common.
Pain	To right of umbilicus.	Central; radiates towards the left side and the middle of the back.
Tender Spot	1 inch to right of and above umbilicus.	In middle line.
X Rays	May show a calculus in the gall-bladder.	May show a calculus separate from the liver.
Cammidge's Reaction	Absent.	Present when there is also pancreatitis.
Urine	No fat globules.	May show fat globules.

Symptoms in Common. — Paroxysmal pain; pyrexia; and sometimes jaundice and muscular rigidity.

[**Gall-Stones—Chronic Pancreatitis.** *Table* 253.]

[**Gall-Stones—Cancer of Pancreas.** *Table* 251.]

TABLE 130.

	GALL-STONES.	RENAL CALCULUS.
Sex	Chiefly female.	Either.
Pain	Near navel—radiating to epigastrium and right hypochondrium.	In back—radiating to testicle (or ovary) and thigh.
Micturition	Normal.	Frequent.
Urine	Dark ; contains bile.	Pale or smoky, with sometimes blood or pus.
Jaundice	Common.	Absent.
Intermittent Fever	When stone floats in common bile-duct.	Absent.
Tenderness	Over ninth costal cartilage and above and to right of navel.	In loin.
Rigidity	Of right rectus.	Absent.
X Rays	May show gall-stone.	May show calculus, especially if " mulberry."

Symptoms in Common.—Paroxysmal pain, with vomiting and perhaps rigor ; previous attacks.

TABLE 131.

	GALL-STONES.	SUPPURATIVE CHOLANGITIS.
History	Of renal colic only.	Of typhoid, hydatids, cancer of liver, or renal colic.
Failure of Health	Intermittent.	Progressive.
Pain	Paroxysmal.	Late—continuous.
Enlargement of Liver	Slight or absent.	Great.
Tenderness	Moderate.	Marked.
Pyrexia	Intermittent.	Continuous at first.
Hectic	Absent.	Late.
X Rays	May show calculus.	Nil, unless associated with a calculus.
Rigor	Rare.	Common.

Symptoms in Common.—Jaundice; enlarged liver; intermittent fever; rigid rectus. When gall-stones are the cause of the cholangitis, the resemblance will be closer.

TABLE 132.

	GALL-STONES.	CANCER OF BILE-DUCTS.
Pain	Usually sharp and paroxysmal.	Usually dull and continuous.
Wasting	Absent or slight.	Rapid.
Weakness	Not pronounced.	Great and progressive.
Jaundice	Moderate and variable; onset sudden.	Marked and persistent; onset gradual.
Gall-Bladder	Rarely enlarged.	Enlarged—palpable.
Intermittent Pyrexia	Common.	Rare.
Liver Enlargement	Rare and slight.	Common, often great.
Duration	Long.	Shorter.
Stools	Sometimes contain a gall-stone.	No gall-stone present.

SYMPTOMS IN COMMON. — Pain in right hypochondrium; dyspeptic symptoms, jaundice, and intermittent pyrexia.

CAUTION.—Cancer of the bile-ducts is often set up by the presence of a stone.

[**Gall-Stone Obstruction—Internal Strangulated Hernia.** *Table* 154.

[**Gall-Stone Obstruction—Volvulus.** *Table* 344.]

[**Gall-Stone Obstruction—Intussusception.** *Table* 175.]

TABLE 134.

	GASTRALGIA.	GASTRITIS.
General Condition	Neurotic.	Dyspeptic.
Age	Rare under puberty.	Any age.
Pain	Irrespective of, and often relieved by, food.	Much worse after food.
Tenderness	Even pressure may *relieve* pain.	Slight and diffused.
Vomiting	Absent or rare; no appreciable mucus.	Often present; vomit contains mucus.
Appetite	Often voracious.	Poor.
Pyrosis	Absent.	Common.
Hæmatemesis	Absent.	Rare.

SYMPTOMS IN COMMON.—Epigastric pain; acid risings; vomiting.

[**Gastralgia—Cancer of Stomach.** *Table* 313.]

[**Gastralgia—Gastric Ulcer.** *Table* 137.]

TABLE 135.

	GASTRIC ULCER.	CANCER OF STOMACH.
Age	15 to 30, females; 30 to 50, males.	40 to old age.
Sex	Chiefly females.	Either.
History	Of dyspepsia and anæmia.	No previous dyspepsia.
Wasting	Moderate.	Marked.
Pain	After food.	Continuous.
Tenderness	Epigastrium and to left of twelfth dorsal spine; circumscribed.	Slight and diffused.
Tumour	Absent.	May be felt at pylorus.
Dilatation of Stomach	Rare.	Common.
Hæmatemesis	Often copious.	Slight.
Vomit	Free hydrochloric acid present.	No free HCl; lactic acid after Boas' meal; Oppler-Boas bacillus.

Symptoms in Common.—Pain; vomiting; melæna; hæmatemesis.

Caution. — There is some ground for thinking that gastric ulcer is commoner in male adults than has hitherto been supposed.

TABLE 136.

	GASTRIC ULCER.	DUODENAL ULCER.
Duration	Moderately acute.	Often very chronic.
Age	15 to 30.	30 to 40.
Sex	Chiefly female.	Chiefly male.
Pain	Immediately after, and increased by, food; relieved by vomiting.	2 to 4 hours after food ("hunger pain"); relieved by taking food; unrelieved by vomiting; generally referred to a point 1 inch below the ninth right rib.
Tenderness	Left side of epigastrium; left of twelfth dorsal spine.	Right side of epigastrium or right hypochondrium; right side of twelfth dorsal spine.
Hæmorrhage	Hæmatemesis commoner than melæna.	Melæna commoner than hæmatemesis.
Vomit	Bile rarely present.	Contains bile.
Menses	Arrested.	Unaffected.

SYMPTOMS IN COMMON. — Dyspeptic symptoms; hæmorrhage; hyperchlorrhydria; secondary anæmia; collapse.

TABLE 137.

	GASTRIC ULCER.	GASTRALGIA.
General Condition	Anæmic.	Neurotic.
Age	15 to 30.	Any age over 14.
Pain	Increased by food.	Irrespective of, and often relieved by, food.
Intervals	Patient feels ill.	Patient feels well.
Tenderness	Marked and circumscribed; in epigastrium and to left of twelfth dorsal spine.	Absent or diffused; pain often *relieved* by pressure.
Hæmatemesis	Common.	Absent.
Melæna	Sometimes present.	Absent.
Vomiting	Frequent.	Rare.
Rigidity of Rectus	Present.	Absent.

Symptoms in Common.—Epigastric pain, occurring chiefly in females; hyperchlorrhydria.

[**Gastric Ulcer—Chlorosis.** *Table* 82.]

[**Gastric Ulcer—Gall-Stones.** *Table* 128.]

TABLE 138.

	GASTRIC ULCER.	GASTRITIS.
Age	15 to 30.	Any age.
Sex	Chiefly females.	Either.
Pain	Localized.	Diffused.
Tenderness	Circumscribed; in left hypochondrium, and to left of twelth dorsal spine.	Slight, diffused.
Vomiting	Chiefly after food; acidity increased.	Recurrent, even without food. Acidity lessened.
Hæmatemesis	Common.	Absent, except as gastrostaxis.
Melæna	Occasionally.	Absent.
Menses	Suppressed.	Unaffected.
Secondary Anæmia	Marked.	Absent.
Rigidity	Of rectus abdominis.	Absent.
Pyrosis	Absent.	Common.

SYMPTOMS IN COMMON.—Epigastric pain, worse after food; tenderness; wasting.

TABLE 139.

	GASTRITIS, SIMPLE.	ARSENIC POISONING, SUBACUTE.
Pain	After food.	Burning pain in epigastrium irrespective of food.
Vomiting	Slight.	Severe.
Taste	Nil.	Foul or garlic-like.
Throat	Unaffected.	Feeling of heat and constriction.
Bowels	Generally constipated.	Diarrhœa.
Conjunctivæ	Unaltered.	Suffused.
Skin	Unaffected.	May show pigmentation and vesicles.
Peripheral Neuritis	Absent.	May follow.
Analysis of Vomit	Negative.	May reveal arsenic.

Symptoms in Common.—Pain, vomiting, and epigastric tenderness.

[**Gastritis—Cancer of Stomach.** *Table* 314.]

[**Gastritis—Gastralgia.** *Table* 134.]

[**Gastritis—Ulcer of Stomach.** *Table* 138.]

TABLE 140.

	GENERAL PARALYSIS.	ALCOHOLISM, CHRONIC.
History	Of syphilis (75 per cent.).	Of steady drinking.
Effect of Abstinence	Nil.	Marked improvement.
Speech	Slow, hesitating.	Unaffected or thick.
Pupils	Unequal. Often oval. Argyll-Robertson.	Unaffected.
Tremor	Of lips and tongue and angles of mouth and of eyelids.	Of hand and tongue.
Gait	Tottering—sometimes spastic.	Unaltered.
Handwriting	Shaky. Letters not joined. Letters or syllables omitted.	Shaky; no omissions.
Optic Atrophy	Common.	Absent.
Reflexes	Unequal; exaggerated or lost.	Equal; lessened or lost.
Ankle Clonus	Sometimes present.	Absent.
Mental Symptoms	Megalomania, depression, indecency.	Fatuousness.
Quinquaud's Sign	Absent.	Present.
Wassermann	Positive (90 per cent.).	Negative.
Cerebro-Spinal Fluid	Lymphocytosis; Spirochæta pallida.	Unaltered.

SYMPTOMS IN COMMON.—Tremor of tongue; sluggish pupils; muscular weakness; and, if some alcoholic neuritis is present, lessened knee-jerks.

EXPLANATION.—"Quinquaud's sign" consists of the little shocks felt when the surgeon's palm is pressed against the tip of the patient's extended forefinger.

TABLE 141.

	GENERAL PARALYSIS.	BULBAR PARALYSIS.
Tongue	Tremulous, not wasted.	Wasted.
Lips	Tremulous.	Motionless.
Speech	Slow, slurred, hesitating.	Nasal; articulation defective.
Voice	Unaffected.	Weak, hoarse, or aphonic.
Pupils	Unequal—Argyll-Robertson.	Equal. Argyll-Robertson absent.
Mind	Megalomania to dementia.	Clear.
Knee-Jerks	Unequal.	Equal.
Palatal Reflex	Present.	Lost.
Dysphagia	Absent.	Marked.
Handwriting	Shaky. Letters not joined. Letters and syllables omitted.	Unaltered.
Cerebro-Spinal Fluid	Lymphocytosis. Spirochæta pallida.	Unchanged.
Wassermann	Present (90 per cent.).	Absent, unless there is a history of syphilis.

SYMPTOMS IN COMMON.—Affection of speech, and, later, paraplegia and lost knee-jerks.

TABLE 142.

	GENERAL PARALYSIS.	LEAD POISONING.
History	Of syphilis.	Of contact with lead.
Wrist Drop	Absent.	Common.
Blue Line on Gums	Absent.	Present.
Gabler's Spots	Absent.	Present.
Pupils	Argyll-Robertson, oval. Often unequal.	Equal, circular.
Knee-Jerks	Unequal.	Equal.
Expression	Vacant.	Anxious or agitated.
Delirium	Rare.	Common.
Tremor	Of tongue, lips, and angles of mouth and of eyes.	Of tongue, but not of lips.
Wassermann	Positive.	Negative.
Cerebro-Spinal Fluid	Lymphocytosis. Spirochætes.	Normal.
Urine	No lead or albumen.	May contain lead. Often albuminous.

SYMPTOMS IN COMMON.—Hesitating speech; fits; mental symptoms; tremulous tongue.

EXPLANATION.—"Gabler's spots" consist of bluish-black patches on the buccal membrane.

[**General Paralysis—Disseminated Sclerosis.** *Table* 106.]

[**General Paralysis—Neurasthenia.** *Table* 239.]

TABLE 143.

	GENERAL PARALYSIS.	SYPHILITIC DISEASE OF BRAIN.
Speech	Slow, slurred, and hesitating.	Unaffected.
Tremor	Of tongue, lips, and angles of mouth and of eyes.	Absent.
Pupils	Often unequal.	Equal.
Knee-Jerks	Often unequally affected.	Equally affected.
Convulsions	Rarely Jacksonian.	Jacksonian common.
Headache	Mild or absent.	Severe. Chiefly nocturnal.
Ptosis	Absent.	Common.
Squint	Absent.	Common.
Mental State	Megalomania.	No megalomania.
Handwriting	Shaky. Letters omitted or not joined.	Unaltered.

Symptoms in Common.—History of syphilis; mental symptoms; loss of memory; dementia; convulsions; altered reflexes, and sometimes optic atrophy. Cerebro-spinal fluid shows Wassermann, lymphocytosis, and Spirochæta pallida.

TABLE 144.

	GLANDULAR FEVER.	ROTHELN.
History	Of exposure to Glandular Fever.	Of exposure to Rötheln.
Onset	Sharp and sudden.	Gentle.
Neck	Stiff.	Not stiff.
Pain	In neck—increased on movement—and in abdomen.	Rare, not increased by movement; no abdominal pain.
Incubation	7 days.	10 days.
Eruption	Absent.	Present within a few hours.
Duration	Pyrexia lasts 2 to 3 weeks.	Pyrexia lasts 2 to 4 days.
Temperature	101° to 103°.	99° to 101°.
Liver	Often enlarged.	Normal.
Mesenteric Glands	Often enlarged.	Unaffected.
Forsch-heimer's Sign (217)	Absent.	Present.

SYMPTOMS IN COMMON. — An infectious disease attacking infants and children; pyrexia; pain on swallowing; enlargement of the glands at the back of the neck.

TABLE 145.

	GONORRHŒA, ACUTE.	LEUCORRHŒA.
Vulva	Swollen and hot.	Unaffected.
Micturition	Scalding and frequent.	Unaffected.
Uterine Trouble	Absent.	Present.
Tenesmus	Marked.	Absent.
Inguinal Glands	Enlarged.	Not involved.
Gonococci	Present.	Absent.
Pain in Back	Absent.	Common.
External Bruising, etc.	Present in cases of rape	Absent.

Symptoms in Common.—Vaginal discharge; pyuria.

TABLE 146.

	GONORRHŒAL RHEUMATISM.	GOUT.
Age	Mostly in young adults.	Mostly over 40.
Heat and Redness	Usually absent.	Present over joints.
Joints involved	Commonest in knee and ankle.	Great toe and knee; rare in ankle.
Pain	Dull, aching, constant.	Acute, with intermissions.
Tophi	Absent.	Sometimes present.
Urethral Discharge	Common—gonococcal.	Very rare—simple.
Salicylates	Useless.	Sometimes useful.

SYMPTOMS IN COMMON. — Inflamed joint; pain in heel; sometimes urethritis.

[**Gout—Rheumatoid Arthritis.** *Table* 296.]

TABLE 147.

	HÆMATEMESIS.	HÆMOPTYSIS.
History	Of digestive troubles.	Of lung or heart affection.
Faintness	Precedes appearance of blood.	Accompanies appearance of blood.
Blood	Dark or "coffee-ground"; may be mixed with food or bile; associated with vomiting; brought up all at once.	Bright and frothy; may be mixed with sputa for some days; commonly follows a cough or tickling in the throat; brought up at intervals.
Clots	Common.	Rare; if present, they may show air-bubbles.
Melæna	Common.	Rare.
Reaction of Blood	Acid, unless very copious.	Alkaline.
Epigastric Tenderness	Common.	Absent.
Concomitants	Gastric ulcer or cancer.	Signs of lung or heart disease.
Microscopic Examination	Striped muscular fibre.	Elastic fibres; B. tuberculosus.

Symptom in Common.—The bringing up of blood viâ the mouth.

Caution.—(1) A little vomit getting into the trachea may excite a cough. (2) Blood from the lungs may be first swallowed and then vomited.

TABLE 148.

	HÆMORRHOIDS, INTERNAL.	CANCER OF RECTUM.
Age	After 15.	After middle life.
Sex	Either.	Chiefly men.
Bleeding	With motions.	With and between motions.
Mucus	If present, separate.	Mixed with blood—offensive.
Odour	Fæcal only.	Characteristic.
Swelling	Soft, or tense and smooth; purple if venous; multiple.	Hard or friable—single.
Digital Examination	Central or unilateral obstruction.	A ring-like obstruction.
Pain	Chiefly after a motion; dull and aching, with a sense of weight.	More continuous.
Cachexia	Anæmia only; late.	Relatively early.

SYMPTOMS IN COMMON.—Tenesmus; hæmorrhage; dull pain.

CAUTION.—Piles often result from, and may conceal, cancer.

Cancer of Rectum—Chronic Dysentery. *Table* 109.]

TABLE 149.

	HEART, DILATATION OF.	HEART, HYPERTROPHY OF.
Ventricle Affected	Right.	Left.
Pulse	Small, irregular, low tension.	Full, regular, high tension.
Impulse	Weak, diffused, sometimes wavy.	Strong and heaving.
Apex Point	Outwards and slightly downwards.	Markedly downwards and outwards.
Heart's Dulness	Increase chiefly lateral; superficial dulness extends beyond right margin of sternum.	Increased vertically and to left.
First Heart Sound	Clear and short, or faint.	Muffled, low-pitched, prolonged; sometimes duplicated at apex.
Second Sound	Often unaffected; pulmonary sound sometimes accentuated.	Accentuated.
Murmur	Systolic at base of ensiform cartilage (if tricuspid regurgitation is included in the dilatation).	Absent if uncomplicated.
Palpitation	Common.	Absent.
Syncope	Occasionally.	Absent.
Headache	Absent.	Common.

Symptoms in Common.—Dyspnœa on exertion; increased cardiac dulness; outward displacement of apex.

Caution.—Dilatation and hypertrophy frequently coexist. Emphysema may mask both.

[**Dilatation of Heart—Pericardial Effusion.** *Table* 259.]

TABLE 150.

	HEMIPLEGIA, ORGANIC.	HEMIPLEGIA, HYSTERICAL.
History	Of Bright's disease, syphilis, or alcoholism.	Of amenorrhœa or anæmia.
Age and Sex	Middle age; commoner in men.	Young women.
Face and Tongue	Sometimes affected.	Unaffected.
Degree of Hemiplegia	Arm longer affected than leg.	Leg longer affected than arm.
Reflexes	First stage lost; second exaggerated; palatine reflex well marked.	Unaffected or exaggerated, except palatine reflex (lost).
Sensation	Hemianæsthesia rare, and only if internal capsule is involved.	Hemianæsthesia (usually of left side).
Concomitants	Hypertrophy of heart, arterio-sclerosis.	Aphonia, globus hystericus.
Babinski	Common.	Absent.
"Breites Bein" (5)	Present.	Absent.
Grasset-Graussel Phenomenon	Present late.	Absent.

SYMPTOMS IN COMMON.—Loss of power in an arm and leg of the same side.

EXPLANATION.—In the "Grasset-Graussel Phenomenon" the patient, lying on his back, is able to lift either limb separately, but not both together.

TABLE 151.

	HEMIPLEGIA, HÆMORRHAGIC.	HEMIPLEGIA, THROMBOTIC.
History	Bright's disease, alcoholism, syphilis, gout, or plumbism.	Senility, syphilis, fevers.
Onset	Sudden.	May be gradual.
Prodromata	Rare.	Headache, loss of memory, aphasia, transient hemiplegia.
Arterial Tension	High.	Low.
Coma	Usually profound.	Sometimes absent or incomplete.
Aphasia	Rare.	Common.
Course	Extension rare.	A gradual spreading.
Heart	Often hypertrophied.	Weak or fatty.
Athetosis	Rare.	Common.

SYMPTOMS IN COMMON.—Loss of power all down one side in an elderly person.

TABLE 152.

	HEMIPLEGIA, HÆMORRHAGIC.	HEMIPLEGIA, EMBOLIC.
History	Bright's disease, alcoholism, syphilis, gout, or lead poisoning.	Heart disease, rheumatism, chorea.
Age	Rare before 40.	Commoner in the young.
Sex	More males than females.	More females than males.
Coma	Usually profound.	Absent or incomplete.
Heart	Hypertrophy.	Valvular disease.
High Tension	Common.	Rare.
Infarcts	Absent.	Common elsewhere.
Athetosis	Rare.	A common sequence.
Aphasia	Rare.	Common.
Late Rigidity	Common.	Uncommon.
Prodromata	Rare.	Absent.
Paralysis	Commonest on left side.	Commonest on right side.
Monoplegia	Very rare.	Sometimes present.

SYMPTOMS IN COMMON. — Hemiplegia of sudden onset; albuminuria; history of previous attacks.

CAUTION.—Embolism may induce cerebral hæmorrhage.

TABLE 153.

	HEMIPLEGIA, EMBOLIC.	HEMIPLEGIA, THROMBOTIC.
Age	Commonest in young persons.	Old age (unless due to fevers or syphilis).
Sex	Common in females.	Either.
History	Heart disease, chorea, rheumatism, faints.	Syphilis, atheroma, debility.
Prodromata	Absent.	Headache, aphasia, or transient hemiplegic attacks.
Onset	Sudden.	More gradual.
Course	A gradual improvement.	Gradual spreading.
Coma	Often absent.	Common, except in syphilitic cases.
Post-Hemiplegic Movements	Common.	Less common.
Atheroma	Rare.	Common.
Other Infarcts	Common.	Absent.

SYMPTOMS IN COMMON.—Loss of power all down one side ; convulsions ; aphasia ; athetosis.

TABLE 154.

	HERNIA, INTERNAL STRANGULATED.	GALL-STONE OBSTRUCTION.
History	Of old peritonitis.	Of pain over gall-bladder.
Age	Chiefly young adults.	Over 40.
Sex	Mostly male.	Mostly female.
Onset	Sudden.	More gradual.
Pain	Severe—about navel.	Less marked — about ninth right rib.
Meteorism	After third day.	Slight.
Collapse	Marked.	Less pronounced.
Flatus	None passed.	May be passed.

SYMPTOMS IN COMMON.—Abdominal pain and tenderness, with vomiting, meteorism, and collapse.

[**Hernia, Internal Strangulated—Intussusception.** *Table* 176.]

[**Hernia, Internal Strangulated—Volvulus.** *Table* 345.]

TABLE 155.

	HERNIA, SCROTAL.	HYDROCELE.
Onset	Sudden.	Slow.
Impulse on Coughing	Present unless strangulated or omental.	Absent.
Gurgling	On manipulation.	Absent.
Percussion Note	Resonant.	Dull.
Tumour	Opaque.	Translucent.
Cord	Indistinct.	Distinct.
Feel	Doughy.	Elastic.
Fluctuation	Absent.	Present unless tense.
Reducibility	Possible.	Impossible.

SYMPTOMS IN COMMON.—A large swelling in the scrotum, sometimes bilateral.

TABLE 156.

	HIP, CONGENITAL DISLOCATION OF.	COXA VARA.
Age	Usually first noticed when the child tries to walk.	Adolescence. Rare in children.
History	Has never walked properly.	Once walked well.
Limb	Inverted.	Everted.
Shortening	Disappears on traction in flexed position.	Unaffected by traction.
Perineum	Gap between thighs.	No gap.
Skiagram	Angle increased. Head of femur may be absent.	Angle of neck of femur rectangular or less.

SYMPTOMS IN COMMON.—Shortening; adduction; scoliosis; raised trochanter. If both limbs are affected, lordosis "scissor legs" and waddling gait will be found.

TABLE 157.

	HIP, CONGENITAL DISLOCATION OF.	TUBERCULOUS HIP.
Onset	Noted on first walking.	Commonly begins at from 5 to 15.
Pain	Slight or absent. None in knee.	Marked. Felt in knee.
Trochanter Tap	Negative.	Elicits pain.
Rigidity of Joint	Free mobility except to abduction.	Marked.
Local Wasting	Absent.	Marked.
Shortening	Disappears with traction in flexed position.	Unaffected by traction.
Tuberculin	No reaction.	Reaction.
Foot	Inverted.	First stage, everted. Second stage, inverted.
X Rays	Bone displaced, but healthy.	Bone thinned, margins fluffy.
Late Complications	None.	Abscess, necrosis, hectic.

SYMPTOMS IN COMMON.—Shortening; scoliosis; and, in second stage, inversion of foot.

TABLE 158.

	HIP DISEASE.	SACRO-ILIAC DISEASE.
Age	Begins 5 to 15.	Chiefly young adults.
Pain	Hip and knee.	Generally referred to sciatic nerve.
Tenderness	Not marked.	Over the joint.
Trochanter Tap	Elicits pain.	Negative.
Erichsen's Sign	Absent.	Present.
Limb	Shortened.	Lengthened.
Swelling	In front of joint.	Behind the joint.
Muscular Wasting	Marked.	Less marked.
Abscess	Points laterally or in front.	Points behind.

SYMPTOMS IN COMMON.—Limping; scoliosis; pain about hip; abscess.

EXPLANATION.—"Erichsen's sign." This is the pain evoked on strongly pressing the innominate bones inwards.

[**Hip Disease—Sciatica.** *Table* 303.]

[**Sacro-Iliac Disease—Sciatica.** *Table* 302.]

TABLE 159.

	HYDATIDS OF LIVER.	SYPHILITIC LIVER.
Jaundice	Absent.	Slight.
Ascites	Absent.	Rare.
Liver Nodules	Single, unless multilocular ; soft.	Multiple. Hard.
Enlarged Spleen	Absent, unless hydatids are present also in the spleen.	Present.
Percussion	"Hydatid thrill."	Thrill absent.
Liver Tenderness	Absent.	Present in perihepatitis.
Pain	Absent.	Sometimes present.
Blood	Eosinophilia.	Wassermann's reaction.
Concomitants	None.	Signs of syphilis elsewhere.
Puncture	Hooklets.	Negative.

SYMPTOMS IN COMMON.—Enlarged and nodular liver, without marked jaundice or wasting.

[**Hydatids of Liver—Pancreatic Cyst.** *Table* 254.]

[**Hydatids of Liver—Cancer of Liver.** *Table* 186.]

TABLE 160.

	HYDROCELE.	HÆMATOCELE.
History	Of rheumatism, mumps, etc.	Of blow or wound.
Onset	Gradual.	Sudden.
Translucency	Present except in some old cases.	Absent.
Consistence	Elastic.	Doughy.
Fluctuation	Present in recent cases.	Absent.
Paracentesis	Fluid clear, unless old, when it may be milky.	Negative; or treacly blood only.
Pain	Absent.	Dull and aching.

SYMPTOMS IN COMMON.—A globular or pyriform swelling in the scrotum (tunica vaginalis). The cord is distinct in both.

[**Hydrocele—Scrotal Hernia**. *Table* 155.]

TABLE 161.

	HYDROCEPHALUS, CHRONIC.	RICKETS.
Shape of Head	Globular. Features appear small.	Squarish with flattened vault.
Frontal and Parietal Eminences	Not pronounced.	Prominent.
Fontanelle	Open and bulging.	Open, not bulging.
Sutures	Widened.	Not widened.
Eyeballs	Depressed and divergent.	Unaltered.
Epiphyses	Unaltered.	Enlarged — especially at wrists.
Craniotabes	Absent.	Sometimes present.
Rosary Chest	Absent.	Present.
Harrison's Sulcus	Absent.	Present.
Dentition	Unaltered.	Late and irregular.
Superficial Veins	Prominent on forehead.	Not marked.
Bones of Legs	Unaffected.	Bent.

Symptoms in Common.—A large head with open fontanelle and a prominent forehead ; convulsions.

TABLE 162.

	HYDRONEPHROSIS.	CYSTIC DEGENERATION OF KIDNEY.
Tumour	Smooth; variable in size.	May be nodular. Invariable or growing.
Vomiting	Frequent.	Absent.
Pain	In back and abdomen. Intermittent.	Absent.
Œdema	Absent.	Late.
Heart	Normal.	Hypertrophied.
Arterial Tension	Low.	High.
Urine	No albuminuria or granular casts; otherwise, the same — but during crisis only. In intervals normal.	Abundant, pale, low specific gravity, slight albuminuria, granular casts.

Symptoms in Common.—Swelling in one or both hypochondria, with fulness in the corresponding loin.

[**Hydronephrosis—Ascites.** *Table* 42.]

[**Hydronephrosis—Ovarian Cyst.** *Table* 246.]

TABLE 163.

	HYDRONEPHROSIS.	ENLARGED SPLEEN.
History	(?) Of renal colic.	Of anæmia, malaria, etc.
Pain	Intermittent. Relieved by copious urination.	Absent.
Vomiting	On return of pain.	Absent.
Tumour	Variable; does not move with respiration.	Constant or increasing; moves with respiration.
Fluctuation	Sometimes present.	Absent.
Elasticity	Present.	Absent.
Loin	Swelling or resistance in —.	Nil.
Hilus	Absent.	Palpable.
Percussion	Dull between the tumour and the spine, and also in front. After gaseous inflation per rectum, *resonant* in front.	Resonant between tumour and spine. After gaseous inflation per rectum, *dull* in front.
Blood State	Unaltered.	As in causal disease.

Symptoms in Common.—A tumour in the left hypochondrium.

TABLE 164.

	HYDROPHOBIA.	LYSSOPHOBIA.
History	Of dog-bite (mad).	Of dog-bite (not mad).
Incubation	Usually 6 to 8 weeks; minimum 3 weeks.	Often a few days.
Temperature	Raised.	Normal.
Spasms	Of swallow and breathing muscles.	Of swallow; breath rarely held.
Duration	2 to 4 days; maximum 10.	Indefinite.
Narcotic	Temporary effect only.	Often cures.
Inoculation of a rabbit	Animal develops rabies.	No effect.

Symptoms in Common. History of a dog-bite; pain in scar; repugnance to water; spasm of swallow.

[**Hydrophobia—Tetanus.** *Table* 320.]

TABLE 165.

	HYPER-CHLORRHYDRIA.	DUODENAL ULCER.
Age	Young adults.	30 to 40.
Sex	Either.	Mostly males.
Pain	Relieved by alkalies.	Unaffected by alkalies.
Tenderness	If present, diffused; none in back.	Localized; right side of epigastrium and to right of twelfth dorsal spine.
Hæmorrhage	Absent.	Hæmatemesis or melæna.
Stomach Contents	Excess of free HCl.	No excess of HCl.

SYMPTOMS IN COMMON.—Epigastric weight and discomfort; pain occurring from 2 to 4 hours after a meal, and relieved by food ("hunger pain").

CAUTION.—The two conditions may coexist.

TABLE 166.

	HYSTERIA.	NEURASTHENIA.
Age	15 to 25 and menopause.	18 and upwards.
Sex	Females.	Males preponderate.
Globus	Common.	Absent.
Fits	Sometimes.	Never.
Paralysis	Paraplegia or astasia abasia.	Absent.
Sensation	Hemianæsthesia and analgesia ; insensitive palate.	Hyperæsthesia and numbness ; palatine reflex present.
Clavus	Common.	Absent.
Headache	Frontal.	"Helmet headache."
Aphonia	Common.	Absent.
Ptosis	Common (orbicular contraction).	Very rare.
Contractures	Sometimes.	Absent.
Gastro-Intestinal Disturbance	Absent.	Common.

Symptoms in Common.—Patient nervous, emotional, and oversensitive, with loss of energy; tremors, exaggerated knee-jerks, numbness, tingling, spinal tenderness, and contracted visual field.

[**Hysteria—Acute Peritonitis.** *Table* 262.]

[**Hysterical Paralysis—Organic Paralysis.** *Table* 257.]

[**Hysteria—Epilepsy.** *Table* 116.]

[**Hysteria—Cerebral Tumour.** *Table* 79.]

TABLE 167.

	INFANTILE CEREBRAL PARALYSIS.	ANTERIOR POLIO-MYELITIS.
History	Of difficult birth, or of fall or fever.	Of an epidemic (sometimes).
Age	Under 3.	1 to 5; rarely, in adults.
Onset	Gradual.	Sudden.
Pyrexia	Rare at onset.	Often 101° to 103° before paralysis appears.
Paralysis	Usually hemiplegia.	Monoplegia, hemiplegia, paraplegia, or diplegia.
Reflexes	Exaggerated.	Abolished.
Muscles	Contractures, talipes, etc.	Flaccid.
Atrophy	Not marked.	Rapid, with R.D.
Mental Symptoms	Dulness to imbecility.	None.
Movements	Tremors, athetosis, jactitation.	None.
Convulsions	Repeated.	At onset only.
Pain	Absent.	Considerable in early stage.
Sensation	Unaffected.	Numbness; tingling; tenderness.

Symptoms in Common.—Infantile paralysis, with arrested growth of limb.

[**Anterior Polio-Myelitis—Acute Myelitis.** *Table* 234.]

[**Anterior Polio-Myelitis—Multiple Neuritis.** *Table* 243.]

[**Anterior Polio-Myelitis—Spinal Apoplexy.** *Table* 309.]

TABLE 168.

	INFANTILE SCURVY.	CONGENITAL SYPHILIS.
Age	3 to 18 months.	Apparent before the third month.
Snuffles	Absent.	Present.
Mucous Membrane	Hæmorrhages.	Condylomata, ulcers, fissures, etc.
Skin	Simply sallow or pale.	Sometimes "*café au lait.*"
Eruptions	Petechiæ.	"Raw ham" erythema; bullæ, pustules, and sometimes petechiæ.
Head	Unaffected, unless rickets is associated with it.	Depressed cruciform sutures ("hot-cross bun" head).
Eyes	Sometimes exophthalmos.	Interstitial keratitis.
Nose	Unaltered.	A bridgeless pug.

Symptoms in Common.—Child more or less wasted, pale, and sallow; with tenderness and swelling of the epiphyses, and, occasionally, purpura.

[**Infantile Scurvy—Rickets.** *Table* 298.]

TABLE 169.

	INFLUENZA.	ACUTE TUBERCULOSIS.
Age	Any age.	Chiefly children and young adults.
Onset	Sudden.	Gradual.
Pulse	Moderately accelerated.	Rapid out of proportion to temperature.
Pains	Head and backache.	Slight or absent.
Rigor	Rigor or chills.	Rare.
Pyrexia	Of short duration.	Lasting. Remittent.
Dyspnœa	Slight or absent.	Marked, out of proportion to lung area involved.
Percussion	Normal.	Dull patches.
Auscultation	Rhonchus and sibilus only.	Bronchial breathing with scattered friction sounds and crepitation.
Bacillus	B. of Pfeiffer.	B. tuberculosus.
Calmette's Test	Negative.	Positive.

Symptoms in Common.—Pyrexia, with signs of bronchial catarrh. Meningeal symptoms may be present in both. Von Pirquet's test is negative in both diseases.

TABLE 170.

	INFLUENZA.	DIPHTHERIA.
Age	Any age.	Rare over 30.
Onset	Sudden.	More gradual.
Rigor	Rigor or chills common.	Rare.
Fauces	Slightly red and swollen.	Red and swollen. Membranous.
Nasal Discharge	Mucous.	Foul and excoriating.
Glands	Normal.	Swollen submaxillary and cervical glands.
Albuminuria	Absent.	Present.
Bacillus	B. of Pfeiffer.	B. of Klebs-Loeffler.

SYMPTOMS IN COMMON.—About 3 days' incubation ; pyrexia, dysphagia, and, in many cases, nasal discharge.

TABLE 171.

	INFLUENZA, GASTRIC.	GASTRO-INTESTINAL IRRITATION.
Incubation	2 to 3 days.	A few hours.
History	Of epidemic.	Of dietetic error.
Pain	Head and back as well as abdomen.	Chiefly abdominal.
Rigor	Chills or rigors common.	Very rare.
Pyrexia	Often marked.	Slight or absent.
Pulse	Soft and compressible.	Hard.
Weakness	Rapid and great—out of proportion to the symptoms.	Moderate.

SYMPTOMS IN COMMON.—Abdominal pain; vomiting; diarrhœa.

TABLE 172.

	INFLUENZA.	TYPHOID.
Incubation	2 to 3 days.	3 weeks.
Onset	Sudden; often with chill or rigor.	Gradual. Chill or rigor rare.
Pyrexia	5 or 6 days.	About 4 weeks.
Pain	Headache and backache.	Headache and right iliac pain.
Weakness	Quickly developed: out of proportion to fever, etc.	Gradually developed.
Epistaxis	Rare.	Common.
Spleen	Nearly always normal.	Enlarged.
Rash	Various or absent. Not localized.	Rose papules about abdomen.
Diarrhœa	In gastric form only.	Present — "pea-soup stools."
Abdominal Distension	In gastric form only.	Present.
Mental Dulness	Rare.	Common after second week.
Pulse	Weak, soft, and irregular.	Dicrotous. Slow compared with the temperature.
Widal's Reaction.	Absent.	In 95 per cent. after 6th day.

Symptoms in Common.—A febrile attack, with bronchial catarrh and gastric disturbance.

TABLE 173.

	INTERCOSTAL NEURALGIA.	INTERCOSTAL RHEUMATISM.
General Health	Lowered.	Good.
Breathing	Unaffected.	Shallow.
Pain	Paroxysmal. Follows course of nerve. Usually from 6th to 9th dorsal.	Not paroxysmal. Diffused.
Movement	No increased pain.	Increases pain.
Tender Spots	Near spine; in mid-axillary line, and near sternum.	None.
Hyperæsthesia	Often present.	Absent.
Vesicles	Common (herpes zoster).	Absent.
Concomitants	(?) Neuralgia elsewhere.	(?) Rheumatism elsewhere.

SYMPTOMS IN COMMON.—Pain in side, without pyrexia.

[**Intercostal Neuralgia—Pleurisy, Acute.** *Table* 277.]

TABLE 174.

	INTUSSUSCEPTION, CHRONIC.	FÆCAL IMPACTION.
Age	Common from 20 to 40, as well as in infants.	Commonest 50 to 70.
Sex	Either.	Females preponderate.
Bowels	Irregular; diarrhœa preponderating. Discharge of blood and mucus.	Diarrhœa alternating with constipation. The latter preponderating. No blood or mucus.
Tumour	Generally, sausage-shaped; not denting.	Tumour-like mass, denting on pressure.
Tenesmus	Often present.	Generally absent.
Distension	Usually absent.	In severe cases.
Pain	Paroxysmal.	At irregular intervals.
Rectal Examination	(?) Tumour felt.	Fæcal mass only.

Symptoms in Common.—Moderate abdominal pain; vomiting; irregular bowel action.

TABLE 175.

	INTUSSUSCEPTION, ACUTE.	GALL-STONE OBSTRUCTION.
History	Of colic and diarrhœa.	Of pain over gall-bladder.
Age	Childhood.	Over 30.
Sex	Either.	Chiefly females.
Vomiting	Variable, moderate.	Marked, copious.
Bowels	Diarrhœa with blood and mucus in stools.	Constipation absolute, except for flatus.
Pain	Well marked, paroxysmal.	Moderate.
Tenesmus	Common.	Absent.
Meteorism	Rare.	Slight—over epigastrium.
Tumour	Round or sausage-shaped.	Irregular if present (chiefly fæcal).
Rectal Examination	(?) A tumour.	Nil.

Symptoms in Common.—Abdominal pain, with vomiting, rigidity, and some tendency to collapse.

TABLE 176.

	INTUSSUSCEPTION, ACUTE.	STRANGULATED HERNIA.
Age	Chiefly childhood.	Young adults and the middle-aged.
Onset	Sometimes preceded by colic.	Sudden.
Pain	Paroxysmal and griping; not specially marked near navel.	Severe colicky pain, particularly near the navel.
Vomiting	Not very severe; never fæcal.	Early, violent and copious; fæcal later.
Bowels	Diarrhœa with blood and mucus.	Constipation absolute.
Tenesmus	Common.	Not so marked.
Meteorism	Rare.	Moderate and late.
Rigidity	Rare.	Late.
Tumour	Sausage-shaped or rounded; lying in the course of the colon.	Absent.
Rectal Examination	(?) A tumour.	Nil.
Collapse	Incomplete.	Complete.

SYMPTOMS IN COMMON.—Abdominal pain and tenderness, with vomiting.

[Intussusception—Volvulus. *Table* 343.]

TABLE 177.

	JOINT, TUBERCULOUS.	RHEUMATOID ARTHRITIS.
General Health	Bad.	Fair.
Age	Children and young adults.	25 to 35 or menopause.
Sex	Either.	Chiefly females.
Pigmentation of Skin	Absent.	Common.
Joints	Monarticular. Chiefly hip or knee.	Polyarticular. Fingers, wrists, ankles, spine.
Fingers	"Spina ventosa."	Haygarth's nodes. Fusiform joints.
Deformities	Contractions.	Ulnar deflection of hand.
Abscess Formation	Common.	Absent.
Fluctuation	In synovial form.	Rare.
X Rays	Outlines fluffy and ill-defined.	Bone thinned. Outlines defined. Phalanges notched.

SYMPTOMS IN COMMON.—General, as well as local muscular, wasting; pain and swelling of a joint, followed sometimes by dislocation.

TABLE 178.

	KIDNEY, CIRRHOSIS OF.	DIABETES INSIPIDUS.
Age	Usually over 40.	Under 40.
Sex	Males 2 to 1.	Either.
Pulse	High tension.	Low tension.
Heart	Hypertrophied.	Normal.
Polyuria	Great.	Very great.
Albuminuria	Though slight, rarely absent.	Absent.
Dropsy	Late.	Absent.
Urinary Casts	Granular or fatty.	Absent.
Retina	Hæmorrhages; and white patches near macula.	Normal.

SYMPTOMS IN COMMON.—The passage of large quantities of pale clear urine of low specific gravity.

[**Kidney, Cirrhosis of—Anæmia, Pernicious.** *Table* 18.]

[**Kidney, Cirrhosis of—Chlorosis.** *Table* 81.]

[**Kidney, Cirrhosis of—Tumour, Cerebral.** *Table* 78.]

For Cancer of Kidney, etc., see Renal Cancer, etc.

TABLE 179.

	LARYNX, TUBERCULAR ULCER OF.	LARYNX, SYPHILITIC ULCER OF.
History	(?) Of hæmoptysis, or of tubercle elsewhere.	Of syphilis elsewhere.
General Health	Bad.	Fair.
Wasting	Marked.	Absent.
Mucous Membrane	Pale.	Red.
Scars around Ulcer	Absent.	Often present.
Characters of Ulcer	Shallow, with ill-defined edges.	Deep, with sharply defined edges.
Site	Usually begins below epiglottis, or on arytenoid cartilage.	Usually on surface or edge of epiglottis.
Wassermann	Negative.	Positive.

Symptoms in Common.—An ulcer of the larynx, commonly on the epiglottis; dysphagia; hoarseness or aphonia.

TABLE 180.

	LEUKÆMIA, SPLENO-MEDULLARY.	MALARIA.
History	Nil.	Of residence abroad.
Rigors	Slight and rare.	Marked.
Sweats	Uncommon.	Marked.
Face	Pale.	Pale or yellowish.
Diarrhœa	Common.	Unusual.
Priapism	Common.	Absent.
Urine	Uric acid in excess.	Uric acid normal.
Spleen	Enlarged and nodular.	Enlarged and smooth.
Blood	Leucocytosis. Marked myelocytosis; eosinophilia.	Plasmodia, leucopenia, few myelocytes.
Quinine	Useless.	Almost specific.
Pyrexia	Irregular free intervals.	Regular free intervals.

Symptoms in Common.—Pyrexia, which may be intermittent; enlarged spleen; oligocythæmia.

[**Leukæmia, Spleno-Medullary—Splenic Anæmia.** *Table* 21.]

[**Leukæmia, Spleno-Medullary—Tuberculosis, Acute.** *Table* 324.]

[**Malaria—Pyæmia.** *Table* 288.]

[**Malaria—Typhoid.** *Table* 328.]

TABLE 181.

	LEUKÆMIA, SPLENO-MEDULLARY.	PYÆMIA.
Spleen	Enlarged and sometimes nodular. Not tender.	Enlarged and tender. Not nodular.
Rigors	Slight or absent.	Marked.
Sweats	Slight and rare.	Marked.
Pyrexia	Usually some free intervals.	No free intervals.
Infection Focus	None.	Wound, otorrhœa, etc.
Blood	Myelocytes.	No myelocytes.
Priapism	Common.	Absent.
Infarcts	Absent.	Common.

Symptoms in Common.—Enlarged spleen ; leucocytosis ; intermittent or remittent fever ; hæmorrhages ; purpura.

TABLE 182.

	LEUKÆMIA, SPLENO-MEDULLARY.	TYPHOID FEVER.
Splenic Enlargement	Marked. Sometimes nodular.	Slight. Surface smooth.
Pyrexia	Usually some free intervals. Intermittent type.	No free intervals. Tracing characteristic (331).
Rash	Absent.	Papular on abdomen.
Epistaxis	Rare.	Common.
Blood	Leucocytosis; marked myelocytosis. Eosinophilia.	Leucopenia.
Widal's Reaction	Absent.	In 93 per cent.
Bacillus	None.	B. typhosus.
Duration	Many months.	4 weeks' fever.
Priapism	Common.	Absent.

Symptoms in Common.—Enlarged spleen; intermittent type of pyrexia; and sometimes diarrhœa. A rigor is rarely present in each disease.

TABLE 183.

	LIVER, AMYLOID.	LIVER, FATTY.
History	Syphilis, or prolonged suppuration.	Alcoholism, good living, cancer, phthisis.
Age	Chiefly childhood.	Middle age, unless cod-liver oil has been given.
Liver	Much enlarged, hard.	Moderately enlarged, softish.
Spleen	Enlarged.	Normal.
Albuminuria	Common.	Absent.
Ascites	In rare cases.	Never.
Diarrhœa	Common.	None symptomatic.

Symptoms in Common.—Smooth, uniform, and painless enlargement of liver, without jaundice.

TABLE 184.

	LIVER, AMYLOID.	LIVER, HYPERTROPHIC CIRRHOSIS OF.
Incidence	Common.	Very rare.
History	Of syphilis or prolonged suppuration.	Of gastric symptoms.
Age	Chiefly childhood.	Chiefly young adults.
Spleen	Enlarged, not tender.	Enlarged, hard, and tender.
Nodules on Liver	Present in syphilitic cases.	Absent.
Pain and Tenderness	Absent.	Of liver.
Jaundice	Absent.	Present throughout.
Albuminuria	Common.	Absent.
Course	Continuous.	Marked by exacerbations
Hæmatemesis	Absent.	Rare.

SYMPTOMS IN COMMON.—Enlargement of liver and spleen, and, later, ascites.

TABLE 185.

	LIVER, CANCER OF.	LIVER, CIRRHOSIS OF.
Age	50 to 60. Rare under 45.	30 to 60.
Sex	Equal.	Commoner in men.
History	Of previous good health.	Of intemperate habits.
Wasting	Pronounced and early.	Late.
Pain	Late.	Rare.
Liver Tenderness	Present.	Slight or absent.
Jaundice	Common.	Rare or slight.
Spleen	Unaltered.	Enlarged.
Nodules on Liver	Soft, large, and umbilicated. They sometimes enlarge suddenly.	Hard and small: none so large as a cherry; not umbilicated.
Dyspeptic Troubles	Slight.	Marked.

SYMPTOMS IN COMMON.—Enlargement of liver; ascites; hæmatemesis; dilated abdominal veins.

[**Liver, Cancer of—Gall-Stones.** *Table* 125.]

TABLE 186.

	LIVER, CANCER OF.	HYDATIDS OF LIVER.
Age	50 to 60. Rare under 45.	Any age.
Wasting	Marked.	Absent.
Jaundice	Present.	Absent.
Ascites	Common.	Absent.
Node-like Swellings	Multiple and umbilicated. Sometimes enlarge suddenly.	Single, unless multilocular; not umbilicated.
Percussion	Simple dulness.	"Hydatid thrill."
Enlarged Veins	Common.	Rare.
Pain	Present late.	Absent if uncomplicated.
Liver Tenderness	Present.	Absent.
Exploratory Puncture	Negative.	Hooklets.
Blood	Some leucocytosis.	Often marked eosinophilia; coagulated by mixture with hydatid fluid.

Symptoms in Common.—Enlarged liver, with circumscribed projections.

TABLE 187.

	LIVER, CANCER OF.	SYPHILITIC LIVER.
History	Sometimes of primary cancer in stomach or bowel.	Of syphilis.
Age	50 to 60. Rare under 45.	Common under 50.
Jaundice	Common.	Rare or slight.
Ascites	Common.	Rare.
Nutrition	Continuous wasting.	Wasting exceptional.
Pain	Late.	Rare.
Abdominal Veins	Dilated.	Unaffected.
Liver Nodules	Soft, sometimes umbilicated.	Hard. Never umbilicated.
Liver Tenderness	Present.	Absent, unless there is perihepatitis.
Iodides	Useless.	Improve condition.

SYMPTOMS IN COMMON.—An enlarged and nodular liver.

TABLE 188.

	LIVER, CIRRHOSIS OF.	BANTI'S DISEASE.
History	Of alcoholism.	Of trauma (sometimes).
Dyspeptic Troubles	Marked.	Absent.
Jaundice	Slight.	Absent.
Hæmatemesis	25 per cent. of cases.	Rare.
Spleen	Slightly enlarged.	Much enlarged.
Blood	Unaltered.	Hæmoglobin lowered. Some leucopenia and oligocythæmia.
Liver	Enlarged and nodular.	Enlarged and smooth.

Symptoms in Common.—Enlarged liver and spleen ; ascites ; hæma temesis.

[**Cirrhosis of Liver—Cancer of Liver.** *Table* 185.]

[**Banti's Disease—Splenic Anæmia.** *Table* 20.]

[**Banti's Disease—Lymphadenoma.** *Table* 205.]

[**Banti's Disease—Hypertrophic Liver.** *Table* 193.]

TABLE 189.

	LIVER, CIRRHOSIS OF.	LIVER, HYPERTROPHIC CIRRHOSIS OF.
History	Of alcoholism and dyspepsia.	Dyspeptic symptoms rare. Alcohol not a factor.
Incidence	Common.	Very rare.
Age	Chiefly middle age	Young adults and children.
Course	Continuous. Lasts about three years.	Marked by exacerbations. Lasts many years.
Jaundice	Slight or transient.	Continuous; often marked.
Ascites	Common (50 per cent.).	Very rare.
Hæmatemesis	In 25 per cent.	Very rare.
Pyrexia	Slight or absent.	Common.
Hepatic Pain	Absent.	Present.
Liver Enlargement	Slight and early, nodular.	Very great. Surface smooth.
Liver Tenderness	Absent or slight.	Common.
Spleen	Slightly enlarged.	Greatly enlarged.

SYMPTOMS IN COMMON.—Enlargement of iver and spleen, with more or less jaundice.

TABLE 190.

	LIVER, CIRRHOSIS OF.	LIVER, PASSIVE CONGESTION OF.
History	Of alcoholism.	Of acute rheumatism or chorea.
Age	Middle age.	Any age.
Sex	Males 3 to 1.	Either.
Anasarca	Absent.	Common.
Liver Enlargement	Moderate; smooth: afterwards contracted and nodular. Not tender.	Great; smooth; sometimes pulsating and tender.
Heart	Nil.	Mitral disease. Dilatation of right ventricle, etc.
Lungs	Nil.	Hypostatic congestion.
Dyspnœa	Absent.	Present.
Hæmatemesis	In 25 per cent.	Very exceptional.

SYMPTOMS IN COMMON.—Enlarged liver, with ascites, slight jaundice, and gastro-intestinal disturbance.

TABLE 191.

	LIVER, CIRRHOSIS OF.	LIVER, SYPHILITIC.
Age	Very rare in childhood.	May occur in childhood.
History	Alcoholism, dyspepsia.	Of acquired or congenital syphilis.
Pain	Absent or slight.	Common (perihepatitis).
Ascites	50 per cent. of cases.	Rare.
Albuminuria	Absent.	Sometimes present.
Hæmatemesis	25 per cent. of cases.	Almost unknown.
Liver Nodules	Small and hard.	Large, rather soft; some coalescing.
Spleen	Enlarged.	Rarely enlarged.

SYMPTOMS IN COMMON.—Nodular enlargement of liver; only slight jaundice. Benefit from iodides.

TABLE 192.

	LIVER, CIRRHOSIS OF.	WEIL'S DISEASE.
History	Of alcoholism.	Of epidemic.
Age	Middle age.	15 to 30, rarely more.
Sex	Either.	Males.
Incidence	Common.	Very rare in England.
Occupation	Publicans, barmen, etc.	Common in butchers.
Onset	Gradual; no rigor.	Sudden, with rigors and severe back and head ache.
Duration	About 18 months.	Of pyrexia, 7 to 10 days.
Pyrexia	Absent or slight.	Marked; 103° to 104° F.
General Pains	Absent.	Present.
Jaundice	Slight or absent.	Marked.
Liver	Enlarged early; not tender.	Enlarged and tender.
Albuminuria	Absent.	Present.

SYMPTOMS IN COMMON.—Enlarged liver and spleen, with gastro-intestinal symptoms, including hæmatemesis.

TABLE 193.

	LIVER, HYPERTROPHIC CIRRHOSIS OF.	BANTI'S DISEASE.
History	Nil.	Sometimes of trauma.
Anæmia	Little or none.	Present.
Jaundice	Common.	Absent.
Exacerbations	Present.	Absent.
Oligocythæmia	Absent.	Present.
Leucocytosis	Present.	Absent ; sometimes leucopenia.
Pyrexia	Present.	Absent or slight.
Ascites	Very rare.	Present.
Spleen	Little or no enlargement.	Much enlarged ; often painful.

Symptoms in Common.—Enlargement of liver and spleen ; hæmatemesis rare.

[**Hypertrophic Cirrhosis of Liver—Amyloid Liver.** *Table* 184.]

[**Hypertrophic Cirrhosis of Liver—Cirrhosis of Liver.** *Table* 189.]

TABLE 194.

	LOCOMOTOR ATAXY.	ALCOHOLIC NEURITIS.
Onset	Very gradual.	Rapid.
History	Syphilis.	Alcoholism.
Gait	Reeling and stamping.	"High stepping."
Pupils	Argyll-Robertson, contracted.	Sluggish.
Posture Sense	Impaired.	Unaffected.
Analgesia	A zone extending from second rib to navel.	Absent.
Anæsthesia	Sole, tendo Achillis, glans penis, popliteal space.	Absent.
Romberg	Present.	Absent.
Lightning Pains	Common.	Absent.
Paraplegia	Gradual, late.	Sudden, early.
Wassermann	Present.	Usually absent

SYMPTOMS IN COMMON.—Ataxia; wasting; lost knee-jerks.

TABLE 195.

	LOCOMOTOR ATAXY.	ATAXIC PARAPLEGIA.
History	Of syphilis.	Sometimes of malaria.
Anæmia	Absent.	Often profound.
Ataxia	Relatively late.	Early.
Knee-Jerks	Lost.	Exaggerated.
Ankle Clonus	Absent.	Present.
Rigidity	Absent.	Late.
Sensation	Anæsthesia of soles, tendo Achillis, popliteal space, glans penis.	Tingling and numbness.
Analgesia	Of zone extending from second rib to umbilicus.	Rare.
Posture Sense	Impaired.	Unaltered.
Paraplegia	Gradual, very late.	Often sudden, earlier.
Babinski's Sign	Absent.	Present.
Gait	First stage, short steps with stiff knees ; second stage, jerky movement, the foot brought down with a stamp.	Spastic, reeling.
Crises	Lightning pains, etc.	Absent or rare.
Sacral Pain	Absent.	Common.
Pupils	Myosis ; Argyll-Robertson ; outline often oval.	Normal.
Westphal's Phenomenon (106)	Present.	Absent.
Diarrhœa	Rare or late.	Common.
Hutchinson's Mask (198)	Present.	Absent.

SYMPTOMS IN COMMON.—Ataxia, occurring in middle-aged males, with wasting, Romberg and girdle sensation.

TABLE 196.

	LOCOMOTOR ATAXY.	BERI-BERI.
Pupils	Argyll-Robertson; myosis.	Sluggish.
Gait	First stage, short steps with stiff knees; second stage, jerky movements, with stamping.	Toes dragged.
Romberg's Symptom	Present.	Absent.
Œdema	Absent.	Present.
Anæsthesia	Sole of foot, popliteal space, glans penis.	Patches on legs and arms.
Knee-Jerks	Lost.	Sometimes present.
Heart Symptoms	None.	Dilatation; palpitation.
Distribution	Universal.	Japan, China, East and West Indies, European ports.
Muscles Involved	Chiefly those of legs and eyes.	Extensors of legs and frequently of arms; rarely those of face, eyes, chest, etc.

SYMPTOMS IN COMMON.—Altered gait; lost knee-jerks; pain and weakness in legs; areas of anæsthesia.

TABLE 197.

	LOCOMOTOR ATAXY.	CEREBELLAR TUMOUR.
Age	30 to 50.	Any age.
Headache	Absent or slight.	Intense; generally occipital.
Vomiting	Absent or occasional.	Severe, projectile.
Ataxia	First legs, then arms.	More marked in arms.
Gait	First stage, short steps with stiff knees; second stage, jerky movement with stamping of foot.	Reeling to side opposite to that of tumour.
Romberg's Sign	Present.	Only when the middle lobe is affected.
Knee-Jerks	Both absent.	One or both may be exaggerated.
Vertigo	Absent.	Marked.
Pupils	Argyll-Robertson; Westphal's sign; margin oval.	Generally unaffected.
Babinski's Sign	Absent.	Present.
Nystagmus	Absent.	Common.
Analgesia	A zone from second rib to umbilicus.	Rare.
Tremors	Absent.	In limb.
Crises	Present.	Absent.
Optic Neuritis	Rare.	Present.
Diadococinesia (73)	Absent.	Present.

SYMPTOMS IN COMMON.—Ataxia; altered gait; vomiting; and sometimes Romberg's Sign.

TABLE 198.

	LOCOMOTOR ATAXY.	DIABETIC NEURITIS.
Urine	Normal.	High specific gravity; sugar; polyuria.
Pupils	Argyll-Robertson; myosis.	Sluggish.
Romberg	Present.	Absent.
Gait	First stage, short steps with stiff knees; second stage, jerky movement ending with a stamp.	Usually "high stepping."
Analgesia	A zone from second rib to umbilicus.	Absent.
Optic Atrophy	Rare.	Not uncommon.
Wassermann's Reaction	Commonly present.	Usually absent.
Hutchinson's Mask	Common.	Absent.

SYMPTOMS IN COMMON.—Ataxic gait; lost knee-jerks; sudden pains in the legs; perforating ulcer of foot; impotence; wasting.

EXPLANATION.—"Hutchinson's mask"—a feeling as of compression of the face.

TABLE 199.

	LOCOMOTOR ATAXY.	DIPHTHERITIC NEURITIS.
Age	30 to 50.	Usually under 30.
History	Of syphilis.	Of acute sore throat.
Onset	Gradual.	Rapid.
Muscular Weakness	Moderate.	Great.
Pupils	Contracted; Argyll-Robertson.	Dilated; insensitive.
Nasal Regurgitation	Absent.	Common.
Romberg	Present.	Absent.
Gait	Reeling and stamping.	Tottering.
Dysphagia	Absent.	Present.
Crises	Lightning pains, etc.	Absent.

SYMPTOMS IN COMMON.—Ataxia; lost knee-jerks; muscular wasting.

[**Locomotor Ataxy—Disseminated Sclerosis.** *Table* 108.]

[**Locomotor Ataxy—Friedreich's Disease.** *Table* 123.]

TABLE 200.

	LOCOMOTOR ATAXY.	HEREDITARY CEREBELLAR ATAXY.
History	Of syphilis. Not familial.	Familial.
Age	30 to 50.	Begins at puberty.
Gait	First stage, short steps with stiff knees; second stage, jerky movement ending in a stamp.	Reeling, with spastic contraction.
Speech	Unaltered.	Slow, with accented syllables.
Knee-Jerks	Lost.	Normal at first, exaggerated later.
Ankle Clonus	Absent.	Late.
Romberg	Present.	Very rare.
Twitchings	Absent.	Common.
Nystagmus	Absent.	Present.
Crises	Lightning pains, etc.	Absent.
Wassermann	Generally present.	Absent.

SYMPTOMS IN COMMON.—Ataxia; reeling gait; optic atrophy; Argyll-Robertson pupil.

TABLE 201.

	LOCOMOTOR ATAXY.	HYSTERICAL ATAXY.
Sex	Chiefly male.	Chiefly female.
Coördination	Affected when recumbent.	Good when recumbent.
Knee-Jerks	Lost.	Normal or exaggerated.
Romberg	Present.	Very rare.
Wasting	Present.	Absent.
Crises	Present.	Absent.
Sphincters	Affected late.	Unaffected.
Pupil	Argyll-Robertson ; oval.	Unaffected.
Wassermann	Usually present.	Absent.
Anæsthesia	Of sole, tendo Achillis, etc.	"Glove" or "stocking" form common.

SYMPTOMS IN COMMON. — Ataxia ; anæsthesia ; altered gait, and some ptosis.

[**Locomotor Ataxy—Neurasthenia.** *Table* 240.]

[**Locomotor Ataxy—Putnam's Sclerosis.** *Table* 287.]

TABLE 202.

	LOCOMOTOR ATAXY.	SYRINGOMYELIA.
Age	30 to 50.	15 to 25.
Knee-Jerks	Lost.	Often exaggerated.
Nystagmus	Absent.	Common.
Claw-Hand	Absent.	Present.
Anæsthesia	Of sole, glans penis, etc.	Dissociated anæsthesia (249).
Sphincters	Loss of control late.	Unaffected.
Babinski's Sign	Never.	Sometimes.
Ankle Clonus	Absent.	Common.
Pupils	Argyll-Robertson.	Contracted.
Ataxia	Present. Legs chiefly affected.	Rare. Arms chiefly affected.
Wassermann	Common.	Absent.

SYMPTOMS IN COMMON.—Trophic disturbances of joints; myosis; some ataxia; brittle bones; ulceration.

TABLE 203.

	LUMBAGO.	PERINEPHRIC ABSCESS.
Pain	Usually bilateral, sharp.	Unilateral, generally dull.
Tenderness	Absent.	On deep palpation.
Pyrexia	Absent.	Marked, often intermittent.
General Health	Little affected.	Much constitutional disturbance.
Hip	Unaffected.	Flexed, so as to produce lameness.
Loin	Nothing objective.	Full, or projecting.
Skin	Unaltered.	Œdematous over loin (late).
Fluctuation	Absent.	Occasionally present.

Symptoms in Common.—Pain and stiffness in the back; difficulty in stooping and walking.

TABLE 204.

	LUPUS VULGARIS.	LUPUS ERYTHEMATOSUS.
Age	Begins before puberty.	Begins after puberty.
Distribution	Asymmetrical.	Symmetrical.
First Signs	Dull red papules.	Minute red points.
Patch	An ulcer covered with a greenish-black crust with "apple-jelly nodules" around it.	Raised, rounded, reddened, with stippled border; as it spreads, the centre flattens.
Scars	Deep.	Superficial.
Necrosis	Of cartilage or bone.	Absent.
Scalp	Very rarely affected.	Commonly affected.
Organism	Bacillus tuberculosus.	Unknown.

Symptoms in Common.—A skin disease, characterized by reddish patches and more or less scarring.

[**Lupus Erythematosus—Eczema**. *Table* 113.]

TABLE 205.

	LYMPHADENOMA.	BANTI'S DISEASE.
History	Of adenoids, quinsy, etc.	Sometimes of trauma.
Hæmorrhages	Never.	Sometimes.
Liver	Normal.	Enlarged.
Glandular Swellings	Present.	Absent.
Ascites	Rare—from pressure only.	Present.
Clubbed Fingers	Absent.	Sometimes.
Bacillus	Gram-positive.	None.
Blood	Leucocytosis slight or rare.	Leucopenia, oligocythæmia.

Symptoms in Common.—Enlarged spleen; irregular pyrexia; anæmia with little or no leucocytosis.

[**Banti's Disease—Splenic Anæmia.** *Table* 20.]

[**Banti's Disease—Cirrhosis of Liver.** *Table* 188.]

[**Banti's Disease—Hypertrophic Liver.** *Table* 193.]

TABLE 206.

	LYMPHADENOMA.	LYMPHATIC LEUKÆMIA.
History	Of enlarged tonsils, adenoids, etc.	Nil.
Age	Chiefly in young adults.	Any age.
Sex	Males—3 to 1.	Either.
Spleen	Moderately — sometimes greatly—enlarged.	Slightly enlarged.
Enlarged Glands	Chiefly in neck. Later they form a large and lobulated, though not adherent mass.	Neck, axillæ, groins, or internally.
Blood	Leucocytosis rare or slight. Red cells only slightly diminished.	Leucocytosis (125,000)—chiefly lymphocytes. Oligocythæmia ($2\frac{1}{2}$ million).

SYMPTOMS IN COMMON.—Pallor; wasting; irregular pyrexia; splenic and glandular enlargement; pressure symptoms; a Gram-positive bacillus.

[**Lymphatic Leukæmia—Jaksch's Anæmia.** *Table* 13.]

[**Lymphatic Leukæmia—Acute Rheumatism.** *Table* 295.]

[**Lymphatic Leukæmia—Scurvy.** *Table* 304.]

TABLE 207.

	LYMPHADENOMA.	LYMPHO-SARCOMA.
Age	Chiefly young adults.	Common in children.
Enlarged Glands	Growth gradual; not vascular. Submaxillary and cervical glands usually the first affected.	Growth rapid. Vascular. General enlargement;—internal glands often the first affected.
Primary Growth	None.	Usually present.
Blood	No leucocytosis.	Leucocytosis.
Course	Chronic.	Rapid.
Spleen	Moderate enlargement.	Much enlarged.
Bacillus	Gram-positive.	Unknown.

Symptoms in Common.—Glandular and splenic enlargement, with pallor, pressure symptoms, and irregular pyrexia.

TABLE 208.

	LYMPHADENOMA.	TUBERCULOUS GLANDS.
History	Of adenoids, enlarged tonsils, quinsy, etc.	Of tubercle in other organs or in other members of the family.
Age	Young adults.	Commonest in children.
Glands	Much enlarged; not adherent to each other or to skin. Do not suppurate. Submaxillary the first affected.	Moderately enlarged; adhere to each other and to skin. Suppurate readily. Cervical usually the first affected.
Pressure Symptoms	Common.	Rare.
Spleen	Enlarged somewhat.	Not enlarged unless the mesenteric glands are affected.
Tuberculin Test	Negative.	Positive.

SYMPTOMS IN COMMON.—Enlarged glands; pallor and debility.

TABLE 209.

	LYMPHO-SARCOMA.	LYMPHATIC LEUKÆMIA.
Age	Common in children.	Any age.
Primary Growth	Usually present.	Absent.
Spleen	Much enlarged.	Slightly enlarged.
Course	Acute.	Chronic.
Glands	Growth rapid; enlargement general. Internal glands first affected.	Growth slow — those of neck, axillæ, and groins enlarged.
Bacillus	None known.	Gram - positive — resembling Bacillus tuberculosus.
Blood	Moderate leucocytosis.	Marked leucocytosis — chiefly lymphocytes; oligocythæmia.

Symptoms in Common.—Splenic and glandular enlargement; pallor; irregular pyrexia.

[**Lymphosarcoma—Lymphadenoma**. *Table* 207.]

TABLE 210.

	MANIA, ACUTE.	BELL'S MANIA.
Onset	Gradual.	Sudden.
Sex	Commonest in women.	Either sex.
Cause	Worries, etc.	Often associated with fevers.
Breath	Unaffected.	Very foul.
Pyrexia	Absent.	Present.
Delirium	Active; shouting.	Often "muttering," or silent and staring.
Typhoid State	Absent throughout.	Supervenes after two days.

Symptoms in Common.—Insomnia; incessant incoherent talking; hallucinations; maniacal violence, and frenzy; no muscular tremors.

TABLE 211.

	MANIA, ACUTE.	DELIRIUM TREMENS.
History	Of worries, etc.	Of alcoholism.
Sex	Commoner in women.	Commoner in men.
Onset	Slow.	Sudden.
Muscular Tremor	Absent.	Present; especially of tongue.
Bodily Movements	At intervals only.	Incessant.
Delirium	Active.	Muttering or active. Generally occupational.
Quinquaud's Sign (140)	Absent.	Present.
Hallucinations	Less pronounced.	Marked; chiefly visual.

SYMPTOMS IN COMMON.—Incoherent speech; insomnia; hallucinations; maniacal violence.

TABLE 212.

	MEASLES.	FOURTH DISEASE.
Incubation	10 to 11 days.	9 to 14 days.
Infectious	Previous to rash.	Not previous to rash.
Invasion	Catarrhal symptoms. Photophobia, etc.	No symptoms in slight cases; headache, chilliness, and backache in severe forms.
Rash	Crimson flattened papules uniting into patches. Beginning on face, they take about three days to invade the whole body.	A bright, rosy red, slightly raised rash, which spreads over the whole body in a few hours.
Koplik's Spots	Present.	Absent.
General Wasting	From 3rd day (Meunier's sign).	Absent or slight.
Desquamation	Branny.	Flaky.
Albuminuria	Absent.	Common.
Lymphatic Glands	Cervical glands enlarged. Post-cervical practically unaffected.	Post-cervical, axillary, and inguinal glands. They are pea-like and tender.
Immunity	None from an attack of Fourth Disease.	None from an attack of Measles.

SYMPTOMS IN COMMON.—An infectious disease of childhood, with rash and desquamation.

[**Measles (Præmon.)—Acute Bronchitis.** *Table* 62.]

[**Measles—Typhus.** *Table* 337.]

TABLE 213.

	MEASLES.	RÖTHELN.
Invasion	3 to 4 days.	12 to 24 hours. In adults 48.
Coryza	Marked.	Slight or absent.
Photophobia	Present.	Absent.
Pyrexia	Pronounced.	Mild, sometimes absent.
Glands at Back of Neck	Not enlarged.	Enlarged.
Rash	Crimson papules, coalescing into crescents and ovals.	Dull red papules, macules, and erythema. The rash appears and fades quickly.
Koplik's Spots	Present.	Absent.
Forschheimer's Sign	Absent.	Present.
General Wasting	Marked from 3rd day (Meunier's sign).	Slight.
Constitutional Disturbance	Considerable.	Slight.

SYMPTOMS IN COMMON.—A papular rash beginning on the face, followed by slight branny desquamation; throat reddened; incubation about ten days.

EXPLANATION.—"Forschheimer's sign" is a red maculo-papillary eruption on the soft palate.

[**Measles—Small-Pox.** *Table* 307.]

TABLE 214.

	MEASLES.	SCARLATINA.
Incubation	11 days.	8 days.
Invasion	3 to 4 days.	12 to 48 hours.
Vomiting	Absent.	At onset.
Conjunctiva	Injected.	Clear.
Photophobia	Present.	Absent.
Coryza, etc.	Sneezing, lacrymation, bronchial catarrh, barking cough.	Absent.
Eruption	Appears on 4th day, and lasts 4 to 6 days.	Appears 2nd day, and lasts 3 to 5 days.
Distribution	First on face; then on arms and trunk; last on legs.	First on neck, chest, and shoulders. Not very marked on face. Skin around mouth free.
Character	Crimson flattened papules; first isolated, then uniting into crescentic or oval patches.	A bright scarlet, slightly punctate erythema. On drawing the thumb-nail across this a fairly persistent white streak results.
Koplik's Spots	Appear on buccal membrane and inside lip two days before eruption, and last four days.	Absent.
Throat	Slightly red and swollen.	Deep red; swollen and, sometimes, membranous.
Dysphagia	Slight.	Marked.
Tongue	Furred except at tip and edges.	"Strawberry" from 3rd day.
Pulse	Moderate.	Rapid out of proportion to temperature.
Temperature	Falls on completion of rash.	Falls as rash fades.
Desquamation	Branny.	Flaky. Begins about 7th day.
General Wasting	From 3rd day (Meunier's sign).	Late.

SYMPTOMS IN COMMON.—A rash, occurring chiefly in childhood, with pyrexia and some sore throat.

TABLE 215.

	MEDIASTINAL ABSCESS, ANT.	ANEURYSM OF TRANSVERSE AORTA.
History	Of tuberculous disease, fevers, or trauma.	Of strain, syphilis, alcoholism.
Age	Common in young people.	30 to 50.
Sex	Either sex.	Chiefly males.
Pulsation	Knocking.	Expansile.
Pulse	Rapid.	Weak or retarded on right side.
Temperature	Raised—recurrent.	Normal.
Bruit	Absent.	Present.
Tracheal Tug	Absent.	Common.
Œdema over Swelling	Common.	Rare.
Fluctuation	Late.	Absent.
Atheroma	Probably absent.	Present.
Heart	Unaffected.	Hypertrophied.
Laryngeal Paralysis	Rare.	Common.

SYMPTOMS IN COMMON.—A more or less pulsating swelling above the sternum; stridor; paroxysmal dyspnœa; cyanosis; local œdema; manubrial dulness; unequal pupils.

TABLE 216.

	MEDIASTINAL ABSCESS.	MEDIASTINAL GROWTH.
Age	Children and young adults; except in traumatic cases.	Commonest from 30 to 40.
Pain	Localized—sternal or interscapular. Throbbing.	Diffused—often radiating or paroxysmal.
Pyrexia	Marked.	Slight or absent.
Wasting	Marked.	Moderate or absent, except in cancer.
Local Œdema	Common.	Rare.
Fluctuation	Late.	Absent.
Impulse on Coughing	Late.	Absent.
Pulsation	Common.	Absent.
Concomitants	Tubercle elsewhere.	Enlarged glands; or malignant disease elsewhere.

Symptoms in Common.—Dyspnœa; altered voice; brassy cough; unequal pupils; dilated veins of neck and chest; dysphagia; cyanosis.

[**Mediastinal Growth—Aneurysm of Aorta.** *Table* 23.]

TABLE 217.

	MENIÈRE'S DISEASE.	GASTRIC VERTIGO.
Onset	Sudden.	Preceded by dyspeptic symptoms.
Vomiting	Projectile type.	Gastric type.
Tongue	Unaffected.	Furred.
Nystagmus	Present.	Absent.
Tinnitus	Present.	Absent.
Deafness	Common.	Absent.
Giddiness	Marked — increased on turning suddenly.	Unaffected by turning.
Face	Pale.	Often icteric.

SYMPTOMS IN COMMON.—Vertigo and vomiting.

[**Menière's Disease—Minor Epilepsy.** *Table* 117.]

TABLE 218.

	MENINGITIS OF BASE.	MENINGITIS OF VERTEX.
Symptoms Generally	Well marked.	Often latent.
Delirium	Moderate.	Marked.
Vomiting	Frequent.	Infrequent or absent.
Retraction of Head	Marked.	Slight or absent.
Epileptiform Convulsions	Rare.	Very common.
Spasm of Limb	Rare; if present, tonic.	Clonic.
Hemiplegia	Rare.	Common.
Kernig's Sign	Marked.	Less evident.
Optic Neuritis	Common.	Rare.

Symptoms in Common. — Headache and coma. Lymphocytosis and (usually) B. tuberculosus in the cerebro-spinal fluid.

TABLE 219.

	MENINGITIS, CEREBRO-SPINAL.	MENINGITIS, POST-BASIC.
History	Of epidemic; rarely sporadic.	Negative.
Age	Children and young adults.	Chiefly under 1 year.
Initial Rigor	Common.	Absent.
Vomiting	Very severe.	Not marked.
Pulse	Slow or rapid, irrespective of temperature.	Rapid—regular.
Convulsions	Very rare.	Sometimes.
Breathing	"Cheyne-Stokes."	Often "cyclical" (224).
Lumbar Puncture	Diplococcus intracellularis meningitidis. Marked lymphocytosis. Fluid turbid.	Still's diplococcus. Fluid clear.

SYMPTOMS IN COMMON.—Retracted head (sometimes with opisthotonos); irregular temperature; stupor or coma; squint; Kernig's sign; onset sudden.

[**Meningitis, Cerebro-Spinal—Tuberculous Meningitis.** *Table* 222.]

TABLE 220.

	MENINGITIS, CEREBRO-SPINAL.	SMALL-POX (Invasion).
History	Of previous attack of small-pox, or of efficient vaccination. Of epidemic of this disease.	Of no previous attack of the disease. Inadequate or no vaccination. Of epidemic of this disease.
Age	Children and young adults.	Vaccination cases commoner after 25.
Pulse	Often slow, and always out of proportion to the temperature.	Rapid in proportion to the temperature.
Eruption	Varied.—Urticarial, papular, bullar, as well as petechial.	(Prodromal) erythematous, morbilliform, or petechial.
Temperature	Very variable. Sometimes almost normal.	Keeps high till 3rd or 4th day. Falls on appearance of true rash.
Vomiting	Very severe.	Moderate.
Opisthotonos	Sometimes present.	Absent.

Symptoms in Common.—Pain in head and back; rigor; delirium; petechiæ; leucocytosis; and, rarely, retraction of the head. The appearance of the true rash of small-pox settles the diagnosis.

[**Cerebro-Spinal Meningitis—Typhus Fever.** *Table* 336.]

TABLE 221.

	MENINGITIS, TUBERCULOUS.	MENINGISM.
Pulse	Slow.	No marked alteration.
Breathing	Biot's or Cheyne-Stokes'.	Unaffected.
Paralysis	Squint, etc.	Absent.
Coma	Present.	Absent.
Head Retraction	Common.	Slight or transitory.
Optic Neuritis	Present.	Absent.
Kernig's Sign	Present.	Absent.
Cerebro-Spinal Fluid	Lymphocytosis, Bacillus tuberculosus.	Normal.

SYMPTOMS IN COMMON.—Headache, vomiting, restlessness and delirium occurring in children.

TABLE 222.

	MENINGITIS, TUBERCULOUS.	MENINGITIS, CEREBRO-SPINAL.
History	Of tubercle elsewhere; sporadic.	Epidemic; rarely sporadic.
Onset	Gradual.	Sudden.
Initial Rigor	Rare.	Common.
Vomiting	Moderately severe.	Very severe and prolonged.
Pain	Head chiefly.	Head, back, and limbs.
Retraction of Head	Moderate; sometimes absent.	Very marked.
Opisthotonos	Never.	Occasionally.
Pulse	Slow except towards end.	Slow or rapid irrespective of the temperature.
Skin	No eruptions.	Erythema, petechiæ, or bullæ are sometimes present.
Lumbar Puncture	Fluid clear; lymphocytes 1,000 per c.mm.; Bacillus tuberculosus.	Fluid turbid; lymphocytes 10,000 to 100,000 per c.mm.; Diplococcus intracellularis meningitidis.

Symptoms in Common.—Headache; vomiting; retracted head; Kernig's sign; coma.

TABLE 223.

	MENINGITIS, TUBERCULOUS.	ACUTE PNEUMONIA (Cerebral type).
Onset	Gradual.	Sudden.
Duration	2 to 4 weeks.	5 to 7 days.
Temperature	Moderate, remittent; hyperpyrexia late.	High, sustained; fall sudden.
Breathing	Irregular, Cheyne-Stokes, etc.	Rapid.
Retraction of Head	Common.	Very rare.
Fontanelles	Bulging.	Unaffected.
Percussion	Normal unless the lungs are tuberculous.	Dull area at base of one lung; in children, often at the apex.
Auscultation	Sometimes râles at both bases.	Fine crepitation followed by bronchial breathing, etc., over the dull area.
Signorelli's Sign	Present early.	Absent.
Kernig's Sign	Present.	Absent.
Lumbar Puncture	Lymphocytosis. Bacillus tuberculosus.	Nil.

SYMPTOMS IN COMMON.—Headache, stupor, and delirium.

EXPLANATION.—"Signorelli's sign" consists of pain on pressure at a point between the mastoid process and the jaw.

TABLE 224.

	MENINGITIS, TUBERCULOUS.	MENINGITIS, POSTERIOR BASIC.
Age	1 to 4 years.	Chiefly under 1 year.
Duration	2 to 4 weeks.	2 to 12 weeks.
Onset	Gradual.	Often sudden.
Retraction of Head	Moderate.	Extreme, early, and persistent.
Breathing	Cheyne-Stokes common.	Cyclical breathing commoner.
Pulse	Slow, irregular.	Rapid, regular.
Temperature	Raised throughout.	Normal after first week.
Fontanelles	Bulge late.	Bulge early.
Convulsions	Common.	Uncommon.
Rigidity	Rare.	Frequent.
Strabismus	Marked, common.	Rare, slight.
Optic Neuritis	Common.	Exceptional.
Organism	Bacillus tuberculosus.	Still's diplococcus.
Constipation	Marked.	Often absent.

SYMPTOMS IN COMMON.—Retraction of head; Kernig's sign; grinding of teeth; stupor; pyrexia.

EXPLANATION.—"Cyclical breathing" consists of a series of regular, rapid respirations, broken at intervals by a pause.

TABLE 225.

	MENINGITIS, TUBERCULOUS.	PSEUDO-HYDROCEPHALUS.
History	Of tubercle elsewhere.	Of bad feeding, or of exhausting disease.
Pyrexia	Present.	Absent.
Fontanelles	Prominent.	Depressed.
Squint	Common.	Absent or intermittent.
Head Retraction	Common.	Absent.
Paralysis	Common.	Absent.
Abdomen	Retracted.	Usually prominent.
Decubitus	Coiled up on side.	On back, with knees drawn up.
Kernig's Sign	Common.	Absent.
Signorelli's Sign (223)	Present.	Absent.
Breathing	Cheyne-Stokes or Biot's breathing (9).	Regular.
Cerebro-Spinal Fluid	B. tuberculosus; lymphocytosis.	Normal.
Optic Neuritis	Common.	Absent.

SYMPTOMS IN COMMON.—Drowsiness or coma, occurring in infants, together with sighing breathing, unequal (or dilated) and irresponsive pupils, and convulsions.

TABLE 226.

	MENINGITIS, TUBERCULOUS.	QUINCKE'S SEROUS MENINGITIS.
Age	Chiefly children.	Common in adults.
History	Of tubercle elsewhere.	Of influenza or fever.
Pyrexia	Present.	Usually absent.
Duration	2 to 20 days.	Many weeks.
Termination	Recovery never.	Recovery sometimes.
Lumbar Puncture	Lymphocytosis. B. tuberculosus.	Slight lymphocytosis or normal.

SYMPTOMS IN COMMON.—Headache; delirium; retracted head; convulsions; coma; slow pulse; optic neuritis; Kernig's sign.

TABLE 227.

	MENINGITIS, TUBERCULOUS.	SUPPURATIVE MENINGITIS.
Origin	Often primary. Occasionally secondary to tubercle elsewhere.	Secondary to suppuration in ear, nose, or frontal sinus; or to empyema, pneumonia, pyemia, etc.
Temperature	Usually under 102°, except at end.	High—104° or more.
Duration	2 to 4 weeks.	1 to 2 weeks.
Rigors	Rare.	Common.
Convulsions	Common.	Rare.
Rigidity	Rare.	Marked.
Hyperæsthesia	Rare.	Marked.
Aphasia	About.	Rare.
Calmette's Test	Positive.	Negative.
Lumbar Puncture	B. Tuberculosus; lymphocytosis.	Pneumococcus; B. coli, or streptococcus.

SYMPTOMS IN COMMON.—Headache; vomiting; Cheyne-Stokes breathing; Kernig's sign; coma.

TABLE 228.

	MENINGITIS, TUBERCULOUS.	THROMBOSIS OF CAVERNOUS SINUS.
Exophthalmos	Absent.	Present.
Œdema of Eyelids	Absent.	Present.
Retraction of Head	Common.	Absent.
Chemosis	Absent.	Present.
Abdomen	Retracted.	Tympanitic, if septic.
Kernig's Sign	Always present.	Sometimes present.
Pyrexia	Continued fever.	Absent, if primary; intermittent, if septic.
Cerebro-Spinal Fluid	Lymphocytosis; B. tuberculosus.	Normal.

SYMPTOMS IN COMMON.—Headache, delirium, drowsiness, or coma; convulsions, vomiting, optic neuritis, paralysis.

TABLE 229.

	MENINGITIS, TUBERCULOUS.	TYPHOID FEVER.
Age	Under 13.	3 to 35.
Vomiting	Common; projectile type.	Rare; gastric type.
Delirium	Early.	Usually late.
Bowels	Constipated.	Relaxed.
Stools	Solid.	"Pea-soup."
Headache	Intense; continuous throughout.	Moderate; ceases with delirium.
Convulsions	Frequent attacks.	Very rare.
Temperature	Irregular.	Typical (331).
Retraction of Head	Common.	Absent.
Abdomen	Retracted.	Prominent.
Pulse	Slow and irregular.	Dicrotous; slow compared with the temperature.
Breathing	Irregular.	Shallow.
Optic Neuritis	Present.	Very rare.
Knee-Jerks	Often absent.	Unaffected or exaggerated
Decubitus	Coiled up on side.	Dorsal, with knees drawn up.
Kernig's Sign	Present.	Present in 50 per cent. of children; rare in adults.
Rash	Absent.	Red papules on abdomen.
Widal's Reaction	Absent.	In 95 per cent. after fifth day.
Blood	Leucocytosis.	Leucopenia.
Fontanelles	Prominent.	Depressed.
Stocker's Sign	Resistance offered.	No notice taken.
Signorelli's Sign (223)	Present early.	Absent.
Lumbar Puncture	Lymphocytosis. B. tuberculosus.	Normal.

SYMPTOMS IN COMMON.—Headache; delirium; pyrexia. In some cases of typhoid the cerebral symptoms mask the abdominal.

EXPLANATION.—"Stocker's sign"—the patient resists any attempt to pull down the bedclothes.

TABLE 230.

	MITRAL REGURGITATION.	AORTIC REGURGITATION.
Præcordial Spaces	Not retracted.	Systolic retraction.
Heart	Dilated.	Hypertrophied.
Thrill	If present, systolic.	Diastolic.
Murmur	Systolic at apex; conducted to left axilla and to back; loud or musical.	Diastolic at second right space; conducted to carotid and to ensiform cartilage. Rarely a "Flint's murmur" is present.
Heart Sounds	First sound often weak.	Second sound weak.
Pulsation	In veins of neck (late) and epigastrium.	In carotids; capillary pulsation in nails.
Pulse	Irregular and intermittent.	Jerky; "water-hammer" especially on raising the arm.
Anasarca	Common.	Very rare.
Finger-Tips	Clubbed.	Unaltered.
Face	Purplish.	Pale; sometimes patchy red.

SYMPTOMS IN COMMON.—A history of chorea or rheumatic fever; cardiac murmur.

CAUTION.—Mitral regurgitation may be secondary to aortic regurgitation.

TABLE 231.

	MITRAL REGURGITATION.	MITRAL STENOSIS.
Age and Sex	No limitations.	Commonest in young females.
First Heart Sound	Unaltered or weak.	Loud and sharp.
Murmur	Systolic at apex; conducted to left axilla and to back; loud and blowing.	Præsystolic at apex (rarely diastolic); not conducted to back; soft.
Sansom's Sign	Absent.	Present.
Thrill at Apex	Very rare. If present, systolic.	Common; præsystolic.
Pulse	Irregular and intermittent.	Small, regular, sustained; sometimes bigeminal.
Back-Pressure Signs	Common; œdema, dilated right ventricle, enlarged liver, hydrothorax.	Rare.
Pulsating Jugulars	Late.	Very rare.
Embolism	Very rare.	Common.
Hæmoptysis	Uncommon.	Very frequent.
Blood-Pressure	Low.	Often high.

SYMPTOMS IN COMMON.—History of rheumatic fever or chorea; apical murmur; accentuated second sound (pulmonary); dyspnœa.

EXPLANATION.—"Sansom's sign" consists in a reduplication of the second sound at the base.

TABLE 232.

	MUMPS.	QUINSY.
History	Of no previous attack. Of epidemic.	Of a previous attack.
Swelling	Extends over the ramus.	Behind or below the angle of the jaw.
Dribbling	Slight; saliva thick.	Common; saliva thin.
Temperature	Falls when swelling appears.	Continuously high.
Faucial Swelling	Bilateral.	Unilateral.
Orchitis or Mastitis	A common complication.	Absent.
Tresillian's Sign	Present.	Absent.
Suppuration	Never.	Present.

SYMPTOMS IN COMMON.—Swelling near angle of jaw; dysphagia; pyrexia; slight deafness.

EXPLANATION.—"Tresillian's sign" consists of a red papule at the orifice of Stenson's duct.

TABLE 233.

	MYASTHENIA GRAVIS.	PSEUDO-BULBAR PARALYSIS.
Age	20 to 40.	Usually under 30.
Onset	Usually gradual.	Sudden. Two attacks of hemiplegia on opposite sides.
Course	Gradually getting worse.	Gradually improving.
Limbs	Paralysis flaccid.	Spastic diplegia.
Eye Muscles	Involved, ptosis, diplopia.	Not involved.
Face	Mask-like.	Expression remains in upper half.
Recuperation	Intention stimuli revived after rest.	Not noticeable.
Myasthenic Reaction (66)	Present.	Absent.

SYMPTOMS IN COMMON.—Paralysis of muscles of articulation and swallow; voice nasal.

[**Myasthenia Gravis—Bulbar Paralysis.** *Table* 66.]

TABLE 234.

	MYELITIS, ACUTE.	ANTERIOR POLIOMYELITIS.
Age	Any age.	Usually 1 to 5.
History	Of syphilis, injury, or of caries of spine.	Occasionally epidemic.
Paralysis	Flaccid, if the cervical or the lumbar enlargement be the seat; spastic, if dorsal. Both legs or both arms.	Flaccid. Usually one leg or one arm. Rarely, both.
Sensation	Anæsthesia below seat of lesion. Often hyperæsthesia at level of lesion.	Unaffected, or tingling only.
Reflexes	Lost when lesion is in the lumbar enlargement. When above this, lost temporarily, but afterwards regained and exaggerated.	Knee-jerks lost, when the quadriceps extensor is involved.
Bedsores	Easily acquired.	No tendency to them.
Sphincters	Paralysed.	Unaffected.
Pyrexia	Rare.	In early stage.

Symptoms in Common.—Paralysis (usually flaccid) of sudden onset, followed by muscular wasting and reaction of degeneration. Babinski's plantar reflex may, though rarely, occur in both.

TABLE 235.

	MYELITIS, ACUTE.	LANDRY'S PARALYSIS.
Age and Sex	Not factors.	20 to 40. Chiefly males.
Onset	Sudden.	Often preceded by malaise, headache, and tingling in the legs.
Paralysis	Usually both legs; more rarely, both arms too. Intercostals sometimes, but neck or face never, affected.	Begins in one or both legs; thence ascending to abdomen, chest, arms, neck, and even face, pharynx, and eye-muscles.
Sensation	Anæsthesia below lesion; a band of hyperæsthesia at level of lesion.	Almost unaffected.
Sphincters	Paralysed.	Unaffected.
Muscular Wasting	Marked.	Absent.
Pyrexia	Sometimes present.	At onset only. Slight.
Spleen	Unaffected.	Enlarged in some cases.
Bacillus	None causative.	(?) B. of F. Buzzard.

SYMPTOMS IN COMMON. — Flaccid paralysis of legs and arms; tendon reflexes abolished.

[**Myelitis, Dorsal—Multiple Neuritis.** *Table* 244]

[**Myelitis, Lumbar—Multiple Neuritis.** *Table* 244.]

TABLE 236.

	MYXŒDEMA.	CHRONIC NEPHRITIS.
Age and Sex	35 to 50. Women almost exclusively.	Any age ; either sex.
Expression	Heavy and stupid. Eyes dull.	Dull if puffy. Eyes intelligent.
Tongue	Swollen. No tooth-marks.	If large, shows tooth-marks.
Face	Swollen, not pitting; a malar flush.	If swollen, pits on pressure ; pallid.
Hair	Scanty, dry, and brittle.	Unaffected.
Hands	Spade-like ; clumsy.	Simply puffed.
Speech	Slow and monotonous.	Unaffected.
Intellect	Dull.	Unaffected.
Pulse	Slow and soft.	Hard.
Temperature	Subnormal.	Unaffected.
Albuminuria	Very rare.	Present.
Fatty Casts	Absent.	Present.

Symptoms in Common.—Swelling of face and limbs.

TABLE 237.

	MYXŒDEMA.	OBESITY.
Swelling	Hard. Extends to ears.	Soft. Ears, except lobe, unaffected.
Sex	Females chiefly.	Either sex.
Age	35 to 50.	Any age.
Speech	Slow, thick, and monotonous.	Unaffected.
Mind	Dull.	Unaffected.
Tongue	Swollen.	Unaltered.
Temperature	Often subnormal.	Normal.
Hair	Rough, brittle, and scanty.	Unaltered.
Expression	Stupid.	Little altered.

SYMPTOMS IN COMMON.—Universal swelling, which does not pit on pressure ; sluggish movements. Commonest on approaching middle age.

TABLE 238.

	NEURASTHENIA.	DISSEMINATED SCLEROSIS.
Age	Any age.	20 to 30.
Nystagmus	Rare.	Marked.
Speech	Sluggish or unaltered.	Slow, staccato.
Tremor	In hands; not "intention."	Intention tremor.
Ankle Clonus	Very rare.	Marked.
Ataxia	Slight or absent.	Marked.
Babinski	Absent.	Common.
Legs	Never spastic.	Sometimes spastic.
Anæsthesia	Absent.	Common.
Optic Atrophy	Never.	Sometimes.
Mental Concentration	Impaired.	Unaffected.
"Fears"	Agoraphobia, etc.	Absent.

SYMPTOMS IN COMMON.—Vertigo; tremors; exaggerated knee-jerks.

TABLE 239.

	NEURASTHENIA.	GENERAL PARALYSIS.
Age	Any age.	35 to 50.
Tremor	Present. Lips unaffected.	Of tongue, lips, etc.
Speech	Unaltered.	Slow and slurred.
Pupil Inequality	Very rare.	The rule.
Argyll-Robertson	Absent.	Present.
Handwriting	Unaffected.	Shaky, with unjoined, or omitted letters.
Gait	Unaffected.	Tottering; sometimes spastic.
Knee-Jerks	Exaggerated.	Often lost or unequal.
Anæsthesia	Absent.	In patches.
Mental Symptoms	Depression; impaired concentration.	Depression with suspicions, followed or preceded by megalomania.
Sphincters	Unaffected.	Affected late.
History	Of nervous strain, etc.	Of syphilis.
Wassermann	Absent as a rule.	Present.

SYMPTOMS IN COMMON.—Tremors; constitutional changes; preponderance in men.

[**Neurasthenia—Hysteria.** *Table* 166.]

[**Neurasthenia—Caries of Spine.** *Table* 311.]

TABLE 240.

	NEURASTHENIA.	LOCOMOTOR ATAXY.
Age	Any age.	30 to 50.
Pupils	Dilated, sluggish.	Contracted. Argyll-Robertson.
Knee-Jerks	Exaggerated.	Absent.
Romberg	Very rare.	Marked.
Ataxia	Slight or absent.	Present.
Lightning Pains	Absent.	Present.
Headache	Marked; often "helmet."	Slight or absent.
Tremor	Common.	Rare.
Gait	Rarely affected.	(1) Reeling with fixed knees and short steps; (2) stamping.
Gastric Disturbance	Common.	Gastric crises.
Anæsthesia	No special form.	Of sole, popliteal space, glans penis.
Optic Atrophy	Never.	Sometimes.
"Fears"	Agoraphobia, etc.	Absent.
Wassermann	Absent in non-syphilitic cases.	Present.

SYMPTOMS IN COMMON.—Weakness of legs; giddiness; gastric disturbance; and, sometimes, ptosis.

TABLE 241.

	NEURASTHENIA, TRAUMATIC.	ORGANIC DISEASE.
Hemianopsia	Rare.	Common.
Nystagmus	Very rare.	Common.
Dyspeptic Troubles	Common.	Vomiting only.
Ankle Clonus	Rare.	Common.
Babinski	Absent.	Common.
Emotions	Exaggerated.	Rarely affected.
Squint	Absent.	Common.
Sphincters	Unaffected.	Often affected.
Optic Neuritis	Absent.	Common.
Tremor, Facial	Absent.	Sometimes present.
Speech Defects	Absent; or slowness only.	Common.
Ptosis	Almost unknown.	Sometimes present.
Fits	Absent.	Common.
Contractures	Absent.	May be present.
Headache	Often of "helmet" type.	Frontal or occipital.

Symptoms in Common.—These vary, according to the seat of the lesion in the organic disease.

Caution.—Neurasthenia and organic nervous disease may coexist. The term "organic disease" covers, of course, a large number of different conditions.

TABLE 242.

	NEURITIS, LOCAL.	NEURALGIA.
Pain	Continuous.	Paroxysmal.
Movement	Increases pain.	No effect.
Anæsthesia	Often present.	Absent.
Tenderness	Over affected nerve.	Diffused or absent.
Trophic Changes	Shed nails, etc.	Absent.
Skin	Sometimes glossy.	Unaltered.
Paresis	Present occasionally.	Absent.
General Health	Often robust.	Usually impaired.

Symptom in Common.—Pain over the distribution of a given nerve.

TABLE 243.

	NEURITIS, MULTIPLE.	ANTERIOR POLIOMYELITIS.
Age	Any age.	Chiefly 1 to 5.
History	Of alcoholism, plumbism, diphtheria, diabetes, influenza, arsenic-poisoning, etc.	Sometimes epidemic.
Onset	Gradual.	Sudden.
Pyrexia	In acute forms only.	Early—101° to 103°.
Paralysis	Usually symmetrical.	Asymmetrical, often one arm or one leg.
Sensation	Tingling, numbness, pain; anæsthetic patches.	Unaffected except at beginning.

SYMPTOMS IN COMMON. — Lost reflexes; flaccid paralysis; muscular wasting; reaction of degeneration; unaffected sphincters.

[**Neuritis, Alcoholic – Locomotor Ataxy.** *Table* 194.]

[**Neuritis, Diphtheritic – Locomotor Ataxy.** *Table* 199.]

[**Neuritis, Diabetic—Locomotor Ataxy.** *Table* 198.]

TABLE 244.

	NEURITIS, MULTIPLE.	MYELITIS, DORSAL.
Muscular Wasting	Marked.	Absent.
Tendon Reflexes	Lost.	Lost for a time; then increased.
Anæsthesia	In patches.	Below level of lesion.
Hyperæsthesia	Absent.	A zone at level of lesion.
Girdle Sensation	Absent.	Common.
Ankle Clonus	Absent.	Present in second stage.
Plantar Babinski	Absent.	Common.
Sphincters	Unaffected.	Retention of urine followed by incontinence.
Priapism	Absent.	Common.

Symptoms in Common.—Paralysis and anæsthesia.

Caution.—In lumbar myelitis, although the tendon reflexes are lost, and there is muscular wasting as in multiple neuritis, the sphincters are both paralysed.

TABLE 245.

	NEURITIS, MULTIPLE.	LANDRY'S PARALYSIS.
Sex	Either.	Male 3 to 1.
Pyrexia	In acute forms.	At onset only.
Paralysis	Often symmetrical; not ascending.	Ascending from legs to trunk, arms, diaphragm, neck and swallow.
Muscular Wasting	Marked.	Absent.
Reaction of Degeneration	Present.	Absent.
Anæsthesia	In patches.	Absent.
Nerve Tenderness	Common.	Absent.

Symptoms in Common. — Flaccid paralysis; lost reflexes; unaffected sphincters.

[**Landry's Paralysis—Acute Myelitis.** *Table* 235.]

TABLE 246.

	OVARIAN CYST.	HYDRONEPHROSIS, LARGE.
Pain	Absent.	Severe, paroxysmal; relieved by copious micturition.
Swelling	Smooth.	Often irregular.
Fluctuation	Present.	Absent or indistinct.
Vomiting	Rare.	Common.
Dulness	Unaffected by inflation.	Disappears on gaseous inflation of colon.
Urination	No effect on swelling.	If copious, reduces size of swelling.
Abdominal Veins	Usually visible.	Invisible.
Paracentesis	Viscid, often brownish fluid.	Urinary fluid (murexide test).
Uterus	Displaced laterally.	Unaffected.

Symptoms in Common.—An abdominal tumour, commencing laterally, and not shifting with position.

[**Ovarian Cyst—Ascites.** *Table* 43.]

TABLE 247.

	OVARIAN CYST.	PREGNANCY.
Vomiting	Rare.	Common till after third month.
Enlargement	Slow.	Rapid.
Menses	Rarely suppressed if one ovary is intact.	Suppressed.
Fluctuation	Common.	Absent.
Fœtal Movements	Absent.	Present after $4\frac{1}{2}$ months.
Fœtal Heart	Inaudible.	Audible after 5th month.
Digital Examination	Uterus normal or pushed aside.	Uterus enlarged.
Ballottement	Absent.	Present from 4th to 8th month.
Hegar's Sign	Absent.	Present first 3 months.
Reusner's Sign	Absent unless the uterus is inflamed.	Present from 4th week.
Jacquemier's Sign	Absent.	Present from 12th week.
Time Limit	Indefinite.	7 to $10\frac{1}{2}$ months.

SYMPTOMS IN COMMON.—Abdominal enlargement, with dulness to percussion; pigmentation of skin; and, when both ovaries are involved, suppressed menses.

EXPLANATIONS.—"Hegar's sign"—a boggy zone on the lower third of the uterus.

"Reusner's sign"—increased pulsation in Douglas's pouch.

"Jacquemier's sign"—blueness of the vaginal mucosa.

TABLE 248.

	OVARIAN CYST.	TUBERCULOUS PERITONITIS.
History	Tumour began laterally.	Origin central.
Age	Not under 14.	Childhood to about 35.
Pain	Rare.	Common.
Pyrexia	Absent.	Present.
Inspection	Swelling more noticeable on dorsal decubitus.	Swelling flatter on dorsal decubitus.
Dulness	Does not shift with change of position.	Shifts with change of position, unless encysted.
Palpation	Fluctuation only.	Lumps and bands felt, as well as fluctuation.
Abdominal Veins	Invisible.	Visible.
Paracentesis	Fluid viscid and often brownish.	Fluid thin and clear.
Bacillus Tuberculosus	Absent.	Detected by culture of fluid.
Wasting	Slight.	Marked.

Symptom in Common.—A fluctuating abdominal swelling.

TABLE 249.

	PACHYMENINGITIS, CERVICAL.	SYRINGOMYELIA.
History of Syphilis	Common.	Absent.
Pain	Severe.	Absent or, if present, dull.
Sensation	Hyperæsthesia or anæsthesia.	Dissociated anæsthesia.
Trophic Signs	Absent.	Whitlows, bullæ, etc.
Claw-Hand	Rare.	Usual.
Spinal Curvature	Absent.	Kyphosis or scoliosis.
Sunken Sternum	Absent.	Common.

SYMPTOMS IN COMMON.—Wasting of muscles of arms and hands; spastic weakness of legs.

EXPLANATION.—"Dissociated anæsthesia" consists in loss or diminution of pain and of thermal sensation, with retention of tactile sense.

TABLE 250.

	PANCREAS, CANCER OF.	PYLORUS, CANCER OF.
Tumour	Deep and fixed.	Movable and superficial.
Jaundice	Marked and deep.	Very rare, slight.
Dilatation of Stomach	Absent or very rare.	Marked.
Free HCl	Present in vomit.	Generally absent.
Hæmatemesis	Absent.	Common.
Glycosuria	Sometimes present.	Absent.
Cammidge's Test	Present when pancreatitis is added to the cancer.	Negative.
Stools	Show striped muscle and fat. No blood.	Blood sometimes present. No fat.
Gall-Bladder	Sometimes enlarged.	Unaffected.

SYMPTOMS IN COMMON.—Emaciation; jaundice; pain; dilated stomach; vomiting, etc.

[**Cancer of Pancreas—Pancreatitis, Chronic.** *Table* 252.]

TABLE 251.

	PANCREAS, CANCER OF.	GALL-STONES.
Duration	Short.	Long.
History	Of dyspepsia.	Of colic.
Onset	Gradual.	Sudden.
Gall-Bladder	Persistent enlargement.	No, or intermittent, enlargement.
Jaundice	Progressive and pronounced; advances gradually.	Not continuous nor pronounced. Appears suddenly.
Wasting	Rapid.	Often absent.
Intermittent Pyrexia	Absent.	Common.
Seat of Pain	Epigastrium and back.	Right hypochondrium and navel.
Glycosuria	Occasionally present.	Absent.
Stools	Contain fat and undigested muscle.	Pale, or normal.
Tumour	Sometimes felt.	Absent.
Cammidge's Test	Positive, if some pancreatitis is present.	Negative.

Symptoms in Common.—Pain; jaundice; enlarged gall-bladder; enlarged liver.

TABLE 252.

	PANCREATITIS, CHRONIC.	CANCER OF PANCREAS.
Onset	Sometimes apparently sudden.	Gradual.
Wasting	Less rapid.	Very marked.
Pain	Often severe and paroxysmal.	Less acute.
Jaundice	Varying and moderate.	Unvarying and absolute.
Pyrexia	Present.	Absent.
Malariform Seizures	Common.	Absent.
Tumour	Absent.	Often palpable.
Cachexia	Absent.	Marked.
Cammidge's Test	Present.	Only when inflammation is added.

Symptoms in Common. — Pain; wasting; glycosuria; enlarged gall-bladder; pale, fatty stools; fat globules in urine; jaundice.

TABLE 253.

	PANCREATITIS, CHRONIC.	GALL-STONES.
Wasting	Common.	Not marked.
Glycosuria	In some cases.	Absent.
Bowels	Generally relaxed.	Generally constipated.
Stools	Offensive and fatty.	Not fatty.
Pain	Not so severe; referred to epigastrium and back.	Intense; referred to gall-bladder and umbilicus.
Tenderness	Over epigastrium.	Near navel.
Swelling	Sometimes felt in epigastrium; not moving with respiration.	Near tip of tenth rib; moves with respiration.
Cammidge's Test	Usually positive.	Negative, or, very exceptionally, positive.
X Rays	Negative.	May show gall-stone.

Symptoms in Common.—Paroxysmal pain, with some jaundice and intermittent pyrexia; vomiting; nausea; rectal rigidity; and pale stools.

Caution.—The two conditions may coexist.

[**Pancreatic Calculus—Gall-Stones.** *Table* 129.]

TABLE 254.

	PANCREATIC CYST.	HYDATIDS OF LIVER.
Situation	Usually central.	Towards right hypochondrium.
Mobility	Does not move with respiration.	Moves with respiration.
Resonance	Between cyst and liver.	No intermediate resonance.
Percussion	No thrill.	Hydatid thrill.
Jaundice	Present.	Absent, unless multilocular.
Wasting	Present.	Absent.
Pain	Marked.	Absent or slight.
Glycosuria	Sometimes present.	Absent.
Stools	Foul, pale, and fatty.	Unaffected.
Fluid	Viscid; clear, or brownish.	Contains hooklets; not viscid.

SYMPTOMS IN COMMON.—A rounded swelling near epigastrium, sometimes with dyspeptic symptoms.

TABLE 255.

	PARALYSIS AGITANS.	DISSEMINATED SCLEROSIS.
Age	Rare under 40.	20 to 30.
Tremor	Lessened by voluntary movement.	Increased by voluntary movement.
"Cigarette Rolling"	Common.	Absent.
Expression	Mask-like.	Unaltered.
Nystagmus	Absent.	Common.
Speech	Hesitating, monotonous, high-pitched.	Slow and scanning.
Gait	A running shuffle, with head advanced.	Spastic or ataxic.
Vertigo	Absent.	Common.
Epileptiform Seizures	Absent.	Common.
Reflexes	Unaffected.	Exaggerated.
Ankle Clonus	Absent.	Present.
Babinski	Absent.	Common.
Optic Atrophy	Absent.	Sometimes present.
Toes	Spastic flexion of four smaller toes.	All or none spastic.
Frontalis Symptom	Present.	Absent.

SYMPTOMS IN COMMON.—Tremor; slow speech; spastic paresis; rigidity.

EXPLANATION.—"Frontalis symptom"—this is an involuntary persistence of a voluntarily induced wrinkling of the forehead. It may last nearly a minute.

TABLE 256.

	PARALYSIS AGITANS.	SENILE TREMOR.
Age	Over 40.	Over 60.
Tremor	Begins in one hand. Head unaffected, or affected late. Lessened by voluntary movement.	Begins in both hands. Head affected early. Increased by voluntary movement.
Speech	Hesitating and monotonous.	Normal.
"Cigarette Rolling"	Present.	Absent.
Expression	Mask-like.	Unaltered.
Gait	A running shuffle, with head advanced.	May be tottering.
Spastic Paralysis	Common.	Absent.
Frontalis Symptom (255)	Common.	Absent.

SYMPTOMS IN COMMON.—Tremors; high-pitched voice.

TABLE 257.

	PARALYSIS, ORGANIC.	PARALYSIS, HYSTERICAL.
Sex	Either.	Female.
Muscular Wasting	Common.	Absent.
Reaction of Degeneration	Sometimes present.	Absent.
Sphincters	May be affected.	Unaffected.
Knee-Jerks	Sometimes lost or unequal.	Exaggerated, equal.
Plantar Babinski	Common.	Absent.
Babinski "Movement"	Present in hemiplegia.	Absent.
Optic Neuritis	Sometimes present.	Absent.
Sensation	Hemianæsthesia rare.	Plantar and palatal anæsthesia; hemianæsthesia.
Globus	Absent.	Common.
Aphonia	Rare.	Common.
Ptosis	Rare.	Common, but often due to contracted orbicularis.
Bedsores	Common.	Absent.

SYMPTOM IN COMMON.—Apparent loss or diminution of muscular power.

EXPLANATION.—The Babinski "movement"—to elicit this, the patient, sitting up in bed with folded arms, should be told to lie on his back: the "movement" consists in a raising of the hemiplegic foot.

TABLE 258.

	PELIOSIS RHEUMATICA.	HENOCH'S PURPURA.
Age	Adolescents and young adults.	7 to 15; rarely to 30.
Vomiting	Slight.	Severe.
Colic	Absent.	Severe; "gastric crisis."
Melæna	Rare.	Common.
Epistaxis	Rare.	Common.
Spleen	Unaltered.	Enlarged in fatal cases.
Œdema	Sometimes very marked.	Slight.
Nephritis	Absent.	A common complication.

Symptoms in Common. — Swollen and painful joints; slight œdema; purpuric spots; wheals.

TABLE 259.

	PERICARDIAL EFFUSION.	DILATATION OF HEART.
History	Of recent rheumatic fever, Bright's disease, etc.	Of old heart disease or of profound anæmia.
Heart's Impulse	Faint or absent; undulating; displaced upwards.	Diffused; weak; not undulating.
Heart's Dulness	Triangular with apex above.	Squarish.
First Heart Sound	Muffled or distant.	Short and sharp.
Friction Sound	Sometimes present at base.	Absent.
Præcordial Bulging	Marked in young subjects.	Not marked.
Pulsating Jugulars	Absent.	Common.
Pyrexia	Present except in hydropericardium.	Absent.
Pain	In præcordium.	Absent.
Ewart's Sign	Common.	Absent.

SYMPTOMS IN COMMON.—Weak and diffused impulse; increased heart's dulness; syncopal attacks.

EXPLANATION.—"Ewart's sign"—this consists in a prominence of the sternal end of the first left rib.

[**Pericardial Effusion--Aneurysm of Aorta.** *Table* 24.]

TABLE 260.

	PERITONITIS, ACUTE.	COLIC.
Pain	Continuous; with, perhaps, slight paroxysms.	Markedly paroxysmal.
Tenderness	Intense.	Absent, except after prolonged attacks.
Even Pressure	Aggravates pain.	Relieves pain.
Pulse	Small, wiry, and rapid.	Irritable; slightly accelerated.
Temperature	High.	Nearly normal.
Expression	Anxious; risus sardonicus.	Wild or excited.
Peristalsis	Arrested.	Sometimes visible or palpable.
Decubitus	On back, with drawn-up knees.	Sitting up with chin on knees.
Tongue	Small, red, and furred.	Large and furred.
Breathing	Thoracic.	Jerky.

SYMPTOMS IN COMMON.—Severe abdominal pain, with vomiting, and sometimes rigidity of the abdominal muscles.

TABLE 261.

	PERITONITIS, ACUTE.	DIAPHRAGMATIC PLEURISY.
Facies	Pinched; perhaps risus sardonicus.	Cyanosis.
Pain	Abdominal; rarely dorsal.	Stabbing on both sides of the chest, and, though less marked, in the abdomen.
Tenderness	Abdominal.	Of epigastrium, costal arch, and over attachment of diaphragm to ribs.
Breathing	Slow and shallow.	Rapid and jerky.
Auscultation	Nil; rarely, a friction sound may be heard over the liver (perihepatitis).	Friction sometimes audible, especially in the subcostal angle.

SYMPTOMS IN COMMON.—Abdominal pain and thoracic breathing.

CAUTION.—Diaphragmatic pleurisy may be a sequel of peritonitis.

TABLE 262.

	PERITONITIS, ACUTE.	HYSTERIA (Abdominal Type).
Pulse	Small and rapid.	Irritable.
Temperature	High.	Normal.
Expression	Anxious.	Tranquil.
Decubitus	On back, with knees drawn up.	On back, with legs extended.
Vomiting	Common.	Rare.
Abdominal Tenderness	Acute.	Affirmed; but of the nature of hyperæsthesia.

SYMPTOMS IN COMMON.—Pain, tenderness, and distension of the abdomen.

TABLE 263.

	PERITONITIS, SIMPLE.	PERITONITIS, TUBERCULOUS.
Age	Any age.	Chiefly young adults.
Sex	Either sex.	Commoner in females.
Onset	Acute.	Subacute.
History	Of ulcer; or, in women, of gonorrhœa.	Of tuberculosis elsewhere.
Palpation	Even swelling; fluid gravitating on change of posture.	Bands and lumps felt; fluid often encysted.
Abdominal Veins	Unaffected.	Often dilated.
Night Sweats	Skin dry.	Sometimes present.
Wasting	Moderate.	Often marked.
Calmette's Test	Negative.	Positive.

Symptoms in Common.—Abdominal pain, with swelling and fluctuation.

TABLE 264.

	PHTHISIS.	ACTINOMYCOSIS.
Incidence	Common.	Rare.
Occupation	Usually indoor.	Connected with corn (agriculturalists, etc.) or cotton (tailors, seamstresses, etc.).
Pain	Slight.	Often severe.
Site	Apex.	Usually axilla or base.
Sputa	Mucous or muco-purulent.	Green with seed-like bodies.
Organism	Bacillus tuberculosus.	Actinomyces on a Gram-staining mycelium.

SYMPTOMS IN COMMON.—Cough; hæmoptysis; wasting; sweats; hectic fever; and signs of consolidation, or, rarely, of excavation.

TABLE 265.

	PHTHISIS, EARLY.	BRONCHITIS.
Age	Chiefly 15 to 40.	Any age.
History	Of gradual debility.	Previous attacks common.
Wasting	Present; especially marked in muscles of shoulder.	Absent.
Night Sweats	Common.	Absent.
Dyspnœa	Slight.	Marked.
Hæmoptysis	Sometimes.	Absent.
Flattening	Supra- and infra-clavicular.	Absent.
Percussion	Dull at apex.	Normal.
V.V.	Increased at apex.	Normal.
Auscultation	Crepitation, bronchial breathing, and bronchophony at apex.	Sibilus and rhonchus all over chest.
Tenderness	In supraspinous region (Franke's sign).	General soreness of chest.
Sputa	Mucous; scanty.	Frothy; abundant.
Bacillus Tuberculosus	Only present if some lung tissue has broken down.	Absent.
Calmette's Test	Positive.	Negative.

Symptoms in Common. — Cough and expectoration; dyspnœa; slight pyrexia.

Caution.—If in bronchitis, a tube becomes plugged, and part of the lung collapses, bronchial breathing and bronchophony may be heard in that area, but this is rare, except at the base.

TABLE 266.

	PHTHISICAL CAVITY.	BRONCHIECTASIS.
History	Of wasting, night sweats, etc.	Of old bronchitis or interstitial pneumonia.
Pyrexia	Present; often hectic.	Only at a late stage.
Sputa	Nummular; Dittrich's plugs absent.	Muco-purulent, with Dittrich's plugs; rarely nummular.
Bacillus Tuberculosus	Abundant.	Absent.
Hæmoptysis	Common, early.	Absent, or very late.
Site of Cavity	Apex.	Base, or centre.
Calmette's Test	Positive.	Negative.

Symptoms in Common.—Intermittent coughing, relieved by copious muco-purulent expectoration.

Caution.—The contraction of a vomica may produce secondary bronchiectasis.

TABLE 267.

	PHTHISIS, EARLY (CHILDHOOD).	BRONCHO-PNEUMONIA.
History	Of gradually increasing debility.	Of measles, whooping-cough, etc.
Dyspnœa	Moderate.	Very marked.
Hæmoptysis	Occasionally.	Blood-streaks only.
Flattening	At apex.	Absent.
Dulness	One patch only, usually at apex, rarely at base.	In patches.
Bacillus Tuberculosus	Sometimes present.	Absent.
Calmette's Test	Positive.	Negative.
Wasting	Marked.	Moderate.
Franke's Sign (265)	Often present.	Absent.

Symptoms in Common.—Cough, dyspnœa, and pyrexia, with bronchial breathing, bronchophony, and crepitation over the dull area.

TABLE 268.

	PHTHISIS.	PNEUMONIA, CHRONIC INTERSTITIAL.
Distribution	Often bilateral.	Usually unilateral.
Site	Apex.	Base, back or the whole of one lung.
Wasting	Common.	Only very late.
Pyrexia	Present.	Late stages only.
Incidence	Common.	Rare.
Retraction	About apex.	Of one whole side.
Spinal Curvature	Absent.	Marked scoliosis.
Dyspnœa	Slight.	Marked; cyanosis common.
Dulness	Limited to apex.	Extensive.
V.V.	Increased on dull area.	Usually diminished.
Auscultation	Bronchial breathing over dull portion.	Breathing sounds weak on affected side; exaggerated on sound side.
Cardiac Dulness	Unaltered.	Diminished by overlapping of the hypertrophied sound lung.
Heart's Apex	Unaltered.	Drawn towards contracted side.

Symptoms in Common.—Hæmoptysis and retraction. When a cavity or bronchiectasis is present, gurgling and pectoriloquy will be heard, and the cough will be paroxysmal.

TABLE 269.

	PHTHISIS.	PULMONARY HYDATIDS.
Habitat	Universal.	Chiefly Australia and New Zealand.
Wasting	Present.	Absent.
Pyrexia	Present.	Rarely present.
Site	Usually at apex.	Rare at apex.
Hæmoptysis	Common.	Only when rupture takes place.
Sputa	Contain tubercle bacilli.	After rupture, hooklets; if gangrenous, "tinder masses."
X Rays	Irregular margin.	Spherical shadows shown.
Liver	Sometimes fatty.	Hydatids of the liver are often the primary affection.

SYMPTOMS IN COMMON.—Before rupture, signs of consolidation; after rupture, signs of a cavity.

TABLE 270.

	PLEURAL EFFUSION.	CANCER OF PLEURA.
Age	Any age.	Rare under 40.
Onset	Sudden.	Gradual.
History	Of acute pleurisy, or of mitral or Bright's disease.	Of wasting.
Cachexia	Absent or slight.	Marked.
Pain	None.	Common, sometimes radiating.
Dulness	Upper limit "S" curved (Damoiseau's line).	Upper limit undefined.
Dilated Veins	None.	On chest.
Enlarged Glands	None.	Supraclavicular or axillary.
Fluid	Clear. When following acute pleurisy, it does not shift with gravitation.	Blood-stained or "prune-juice"; rarely clear; shifts with gravitation.

SYMPTOMS IN COMMON.—Enlargement of one side, with diminished expansion; weak breathing sounds; ægophony; and usually absent vocal vibrations. Heart displaced towards sound side. Skodaic resonance above dull limit.

TABLE 271.

	PLEURAL EFFUSION.	EMPYEMA.
Age	Any age.	Commoner in children.
Temperature	Remittent.	Often of hectic type.
Rigors	Rare.	Common, especially upon fluid becoming purulent.
Wasting	Absent.	Marked.
Clubbed Fingers	Absent.	In chronic cases.
Ramond's Sign (275)	Present.	Often disappears when the fluid becomes purulent.
Voice Sounds	Not transmitted.	Transmitted (Baccelli's Sign).
Leucocytosis	Absent.	Present.
Paracentesis	Clear fluid.	Pus.
Whispering Pectoriloquy	Audible.	Inaudible (Baccelli).

SYMPTOMS IN COMMON.—More or less complete dulness of one side, with absent vocal fremitus, and diminished mobility.

TABLE 272.

	PLEURAL EFFUSION.	HYDATIDS OF PLEURA.
Pyrexia	Present when following pleurisy.	Absent.
Dulness	Diffused; upper limit "S" curved.	Circumscribed.
Bulging	Of entire side.	Local.
Fluctuation	Absent.	Sometimes present.
Ægophony	Present when the fluid is in a thin layer.	Absent.
Paracentesis	Fluid clear; albumen precipitates on boiling.	Fluid shows hooklets; no precipitation on boiling.
Heart's Apex	Displaced towards sound side.	Usually normal.
Gravitation	Dull area shifts with gravitation in hydrothorax.	No effect upon dull area.
Eosinophilia	Absent.	Marked, if present at all.

SYMPTOMS IN COMMON.—Dulness; loss of vocal fremitus; absent breathing sounds.

CAUTION.—Hydatids of the convexity of the liver may be mistaken for pleural hydatids.

TABLE 273.

	PLEURAL EFFUSION, BILATERAL.	ŒDEMA OF LUNGS.
Temperature	Raised when following acute pleurisy.	Normal.
Dulness	Upper limit "S" curved	Upper limit undefined.
Breathing Sounds	Absent or distant.	Harsh, with moist, sticky râles.
Ægophony	Present when the fluid is in a thin layer.	Absent.
Kellock's Sign	Present.	Absent.
Œdema	Generally absent.	Of skin of back.
Sputa	Scanty, clear; not albuminous.	Blood-stained or "wine-froth"; usually copious; albuminous.
Paracentesis	Clear fluid.	Blood-stained froth.

Symptoms in Common.—Dulness at both bases; cough; dyspnœa.

Explanation.—"Kellock's sign" consists in a vibration of the ribs on percussion.

TABLE 274.

	PLEURAL EFFUSION.	ACUTE PNEUMONIA.
Onset	Gradual.	Sudden, with rigor.
High Temperature	Ends gradually.	Ends suddenly.
Pulse-Respiration Ratio	4 to 1.	5 to 2.
Vocal Fremitus	Diminished.	Increased.
Dulness	Complete; upper limit "S" curved; Skodaic resonance above dull area.	Incomplete, with ill-defined upper limit.
Grocco's Triangle	Present.	Absent.
Kellock's Sign (273)	Common.	Absent.
Auscultation	Breathing sounds weak or absent; ægophony when the fluid is in a thin layer.	Bronchial breathing and bronchophony ending in fine crepitation.
Sputa	Scanty, mucous.	Rusty and viscid.
Heart's Apex	Pushed over to sound side.	Normal.

SYMPTOMS IN COMMON.—Dulness at one base, with dyspnœa and cough.

CAUTION.—In children, pneumonia often attacks the apex, and bronchial breathing may be heard over an effusion. In pneumonia with plugged bronchus, bronchial breathing and vocal fremitus may be absent. Further, some acute pleurisy often accompanies pneumonia, and may be followed by fluid.

TABLE 275.

	PLEURAL EFFUSION.	CHR. INTERSTITIAL PNEUMONIA.
Duration	Moderate.	Prolonged.
Retraction	Absent while fluid is present.	Of affected side.
Heart's Apex	Pushed to sound side.	Drawn to affected side.
Dulness	Absolute; upper limit with "S" curve.	Incomplete; upper limit ill-defined.
Heart's Dulness	Blends with that of lung.	Diminished.
Grocco's Triangle	Present.	Absent.
Kellock's Sign	Present.	Absent.
Cavernous Râles	Absent.	In patches (bronchiectasis).
Ramond's Sign	Present.	Absent.
Cough	Slight and hacking.	Paroxysmal, severe.
Sputa	Scanty, mucous.	Abundant, some nummular.
Paracentesis	Clear fluid.	Bloody froth.

SYMPTOMS IN COMMON.—Dulness, with weak breathing sounds.

EXPLANATION. — "Ramond's sign" consists in rigidity of one erector spinæ. It is most marked in inflammatory effusions. The rigidity may disappear when the fluid becomes purulent.

TABLE 276.

	PLEURAL EFFUSION.	THICKENED PLEURA.
History	Of recent pleurisy or of dropsy.	Of old pleurisy.
Affected Side	Bulging.	Retracted.
Heart Displaced	To opposite side.	To affected side.
Traube's Space	Dull (left lung).	Resonant (left lung).
Dulness	Complete.	"Wooden."
Grocco's Triangle	Present.	Absent.
Scoliosis	Slight; convexity on sound side.	Marked convexity on affected side.
Paracentesis	Clear fluid.	Blood and froth.
Ramond's Sign (275)	Often present.	Absent.

SYMPTOMS IN COMMON.—Dulness, impaired mobility, weak breathing sounds, and weak vocal resonance.

TABLE 277.

	PLEURISY, ACUTE.	INTERCOSTAL NEURALGIA.
Chest Movements	Diminished on the side affected.	Equal.
Pyrexia	Present.	Absent.
Pain	Stabbing pain increased by breathing or coughing.	More or less paroxysmal; not much affected by coughing.
Tenderness	Slight.	Points douloureux; near spine, in mid-axilla, and near sternum.
Cough	Troublesome and frequent.	Slight or absent.
Friction Sound	Present.	Absent.

Symptoms in Common.—Pain in the side, with, perhaps, a cough.

[**Intercostal Neuralgia—Intercostal Rheumatism.** *Table* 173.]

TABLE 278.

	PLEURISY, ACUTE.	INTERCOSTAL RHEUMATISM.
Pyrexia	Present.	Absent.
Pain	Localized, stabbing.	Diffused ; a sharp aching.
Movement	Pain increased by coughing or by deep breathing only.	Pain increased by raising the arm or by twisting the body round, as well as by coughing.
Cough	Well marked.	Slight or absent.
Friction Sound	Present. Unaltered by movement of the arm.	Absent (except the subscapular form, which can be evoked by raising the arm while the breath is held).
Concomitants	Some fluid at base.	Rheumatic pains elsewhere.
Salicylates	Of little use.	Beneficial.

Symptoms in Common.—Sharp pain in the side, made worse by breathing deeply and by coughing.

TABLE 279.

	PNEUMONIA, ACUTE.	BRONCHO-PNEUMONIA.
Age	Chiefly 18 to 40.	Chiefly in children.
History	Of rigor.	Of measles or whooping-cough.
Onset	Sudden.	Gradual.
Temperature	Sustained at 103° to 105° F. for 5 to 7 days; ends by crisis.	Remittent; ends by lysis; lasts almost indefinitely.
Pulse-Respiration Ratio	5 to 2.	4 to 1.
Dulness	Over a large area.	In patches.
Auscultation	Bronchial breathing preceded and followed by very fine crepitation.	Bronchial breathing and small crepitation concurrently.
Sputa	Rusty; very viscid.	Clear and slightly viscid; mucous.

Symptoms in Common. — Dyspnœa, cough, bronchial breathing, and bronchophony.

Caution.—Broncho-pneumonia may show a large area of dulness, due to collapse of lung.

TABLE 280.

	PNEUMONIA, ACUTE.	PULMONARY INFARCT.
History	Of rigor.	Of valvular disease or varicose veins.
Temperature	103° to 105° F.; sustained.	Normal unless septic poisoning has set in.
Hæmoptysis	Almost unknown.	Common.
Sputa	Very viscid; rusty.	Not viscid; scanty and blood-stained.
Dull Area	Appears after illness of a day or more.	Appears suddenly and at onset, and usually in the mammary or axillary region.
Auscultation	Bronchial breathing and bronchophony preceded and followed by fine crepitation.	Moist râles surrounding a dull area, with bronchial breathing and bronchophony over it.
Pulse-Respiration Ratio	5 to 2.	4 to 1.

Symptoms in Common.—Pain, dyspnœa, cough, and blood-stained sputa; one or more dull areas.

[**Pneumonia, Acute—Pleural Effusion.** *Table* 274.]

[**Pneumonia, Acute—Tuberculous Meningitis.** *Table* 223.]

TABLE 281.

	PNEUMONIA, CHR. INTERSTITIAL.	MEDIASTINAL GROWTH.
Duration	Sometimes many years.	Many months.
Cachexia	Absent or late.	Early, if malignant.
Dyspnœa	Moderate.	Marked, often paroxysmal.
Pain	Absent.	Common.
Cough	Clear.	Often "brassy."
Sputa	Muco-purulent or nummular.	Mucous.
Hæmoptysis	Very rare.	Occasionally present.
Auscultation	Sibilus, with patches of cavernous breathing and pectoriloquy.	Often normal; sometimes bronchophony and bronchial breathing.
Pressure Symptoms	Absent.	Hoarseness, aphonia, enlarged superficial veins.
Cervical Glands	Unaffected.	Often enlarged.
Tracheal Tug	Never.	Sometimes.

Symptoms in Common.—Paroxysmal cough and dyspnœa.

[**Pneumonia, Chronic Interstitial—Phthisis.** *Table* 268.]

[**Pneumonia, Chronic Interstitial—Pleural Effusion.** *Table* 275.]

TABLE 282.

	PNEUMOTHORAX.	DIAPHRAGMATIC HERNIA.
Dyspnœa	Early.	Late.
Abdominal Symptoms	Absent.	Griping pain, flatulence, vomiting.
Hyper-resonance	Over entire side.	Circumscribed.
Auscultation	No gurgling.	Gurgling.
Cor Mobile	Present in left pneumothorax.	Absent.
Cough	Metallic.	Hacking.
Wintrich's Sign	Present.	Absent.
X Rays	Show whole lung compressed.	Show hernial protrusion.
Succussion Sound	Only when fluid is present as well as air.	Common.

SYMPTOMS IN COMMON.—Sudden onset, with pain, dyspnœa, and collapse; tympanitic resonance; absence of breathing sounds; coin sound.

EXPLANATION.—"Wintrich's sound"—the pitch of the percussion note is raised when the mouth is opened.

TABLE 283.

	PORTAL PYÆMIA.	TYPHOID FEVER.
History	Of ulceration, or breach of surface in the catchment area of the portal vein, *e.g.*, the bowel.	Of exposure to sources of infection.
Onset	Sometimes sudden, with rigor.	Insidious; rigor almost unknown.
Temperature	High, but variable.	Typical (331).
Pain	Common over liver; with some tenderness.	Right iliac fossa.
Jaundice	Moderate; present in one-half the cases.	Absent.
Pulse	Weak and rapid.	Slow, often under 100; dicrotic.
Tongue	Dry and furred; sometimes brown.	Lightly furred in centre.
Abdomen	Full over liver.	General prominence.
Rash	Absent.	Rose spots on abdomen.
Typhoid State	The rule, late.	Sometimes present late.
Blood	Leucocytosis; no Widal.	Leucopenia; Widal's reaction.

Symptoms in Common.—Usually insidious onset, with diarrhœa, remittent or intermittent fever, prominent abdomen, and enlarged spleen; typhoid state common.

TABLE 284.

	PROGRESSIVE MUSCULAR ATROPHY.	LEAD PALSY.
History	No colic.	Of previous colic.
Occupation	None special.	Workers with lead or paint, potters.
Onset	Slow.	Rapid.
Wasting	Precedes paralysis.	Follows paralysis.
Paralysis	Small muscles of hand first; then arms and shoulders. Flexors most affected.	Chiefly of extensors of wrist.
Reaction of Degeneration	Absent.	Present.
Gums	Normal.	Blue line at junction with teeth.
Gabler's Spots (142)	Absent.	Present.
Hand	"Claw hand."	"Dropped hand."

Symptoms in Common.—Muscular wasting, with flaccid paralysis; chiefly affecting males aged 25 to 50.

TABLE 285.

	PURPURA SIMPLEX.	WERLHOF'S PURPURA.
Epistaxis	Rare and slight.	Common and severe.
Hæmatemesis	Absent.	Common.
Hæmaturia	Absent.	Sometimes present.
Melæna	Absent.	Common.
Retinal Hæmorrhage	Never.	Occasionally.
Red Cell Count	Rarely under 4 millions.	1 to 2 millions.
Pyrexia	Rare.	Common.

SYMPTOMS IN COMMON.—Age under 15; petechiæ; wheals; hæmatomata.

TABLE 286.

	PURPURA, WERLHOF'S.	PURPURA, HENOCH'S.
Age	Under 15.	7 to 15; rarely to 30.
Vomiting	Slight or absent.	Severe.
Colic	Absent.	Present.
Spleen	Normal.	Enlarged in fatal cases.
Joints	Unaffected.	Swollen and painful.
Nephritis	Rare.	A common complication.
Pyrexia	Common.	Not marked.
Erythema	Absent.	Common.

SYMPTOMS IN COMMON.—Petechiæ; wheals; epistaxis; melæna.

[**Werlhof's Purpura—Purpura Simplex.** *Table* 285.]

TABLE 287.

	PUTNAM'S SCLEROSIS.	LOCOMOTOR ATAXY.
History	Of malaria, pernicious anæmia, or Addison's disease.	Of syphilis.
Sex	Chiefly females.	Chiefly males.
Anæmia	Profound.	Not marked.
Lightning Pains	Rare.	Common.
Pupils	Unaffected.	Argyll-Robertson; myosis.
Knee-Jerks	Exaggerated.	Absent.
Ankle Clonus	Rare.	Absent.
Romberg	Absent.	Marked.
Ataxia	Often absent.	Present.
Paraplegia	Somewhat sudden.	Very gradual.
Diarrhœa	Common and obstinate.	Rare.

Symptoms in Common.—Wasting; ataxia; girdle sensation; lightning pains; spasticity; paraplegia.

TABLE 288.

	PYÆMIA.	MALARIA.
History	Of wound or discharge.	Of previous attack or of residence abroad.
Free Days	Rare and irregular.	Common and regular.
Blood	Leucocytosis, streptococci.	Leucopenia; a few myelocytes; plasmodia.
Origin	Generally otorrhœa, pyelitis, caries of long bones, or, in females, gonorrhœa.	Mosquito-bites.
Quinine	Useless, or nearly so.	Curative.
Joints	Reddened and swollen; sometimes suppurating.	Unaffected.
Urine	No hæmaturia.	Hæmaturia.
Temperature	Remittent or moderately intermittent.	Markedly intermittent.
Sweating	Less profuse, irregular.	Profuse and regular.
Prostration	Great.	Absent or moderate.
General Symptoms	Vary according to site of metastases.	Fairly constant.

Symptoms in Common.—Rigors; sweating; fever, which is sometimes intermittent and marked by free intervals; enlarged spleen; sallow skin.

[**Pyæmia—Spleno-Medullary Leukæmia.** *Table* 181.]

[**Pyæmia—Typhoid Fever.** *Table* 332.]

TABLE 289.

	PYÆMIA.	ACUTE RHEUMATISM.
History	Of some source of infection.	(?) Of previous attack.
Fever	Intermittent.	Continued.
Rigors	Recurrent.	Rare.
Sweating	Recurrent.	Continuous.
Skin over Joints	Reddened.	Often natural.
Suppuration of Joints	Sometimes.	Never.
Spleen	Enlarged.	Normal.
Salicylates	No action.	Rapid action.
Infarcts	Common.	Absent.
Local Abscesses	Common.	Absent.

SYMPTOMS IN COMMON.—Pain and swelling of joints, with high temperature.

TABLE 290.

	PYÆMIA.	SEPTICÆMIA.
Rigors	Recurrent.	At onset only (unless pneumococcal).
Sweats	Profuse.	Rare.
Fever	Markedly remittent or intermittent.	More continuous.
Jaundice	Pronounced.	Slight.
Metastatic Abscesses	Present.	Absent.
Joints	Swollen.	Unaffected.

Symptoms in Common.—Initial rigor ; pyrexia ; some source of local infection. Practically pyæmia is septicæmia plus metastatic infarcts and abscesses. The two diseases are often combined, and the term "septico-pyæmia" has been coined to express this fact.

TABLE 291.

	PYÆMIA.	TUBERCULOSIS, ACUTE.
Onset	Acute.	Insidious.
Rigors	Severe and recurrent.	Rare and solitary.
Sweats	Recurrent.	Continuous.
Fever	Intermittent.	Not intermittent unless septic.
Dyspnœa	Rare, except when there is an infarct in the lung.	Usually present.
Jaundice	Common.	Rare.
Spleen Enlargement	Considerable.	Little or none.
Joints	Often swollen and painful.	Unaffected.
Infarcts	Common.	Absent.

Symptoms in Common. — Rigors; sweats; high temperature. Von Pirquet's test is negative in both.

TABLE 292.

	RENAL CANCER.	RENAL CALCULUS.
Age	If sarcoma, usually childhood.	Usually middle life.
History	No previous attack.	Of previous attack.
Cachexia	Early and marked.	Absent.
Pain	Rarely paroxysmal; unaffected by movement; dull, aching.	Paroxysmal; worse after jarring movements; acute.
Pyrexia	Absent.	Intermittent (sometimes).
Tumour	On deep palpation.	Absent.
Loin	Bulging or full.	Normal.
Urine	Blood independent of exertion; sometimes vermicular clots.	Blood after exertion: no clots; pus or gravel.
Abdominal Veins	Sometimes dilated.	Unaffected.
X Rays	Show swelling.	Show calculus.
Heel Jar (293)	Produces pain in one loin.	Negative.

SYMPTOMS IN COMMON.—Unilateral lumbar pain; hæmaturia.

TABLE 293.

	RENAL CALCULUS.	TUBERCLE OF KIDNEY.
History	Of previous attack.	Of tubercle elsewhere.
Wasting	Absent.	Marked.
Pyrexia	Paroxysmal.	Irregular or hectic.
Frequent Micturition	Rare.	Early ; very marked.
Hæmaturia	Follows exertion.	Slight ; unaffected by exertion.
Urine	No shreds or bacilli ; pus in *alkaline* urine.	Shreds of connective tissue ; Bacillus tuberculosus ; pus in *acid* urine.
Lumbar Pain	Paroxysmal, acute, radiating.	Usually dull ; rarely paroxysmal ; not radiating.
Tenderness	In loin.	Absent.
Heel Jar	Evokes pain in one loin.	No result.
Bittorf's Reaction	Present.	Absent.
X Rays	Show calculus.	Nil.

Symptoms in Common.—Lumbar pain ; blood and perhaps pus in urine ; pyrexia.

Explanations.—"Heel jar"—the patient, standing on tiptoe, brings the heels suddenly to the ground.

"Bittorf's reaction"—pressure upon the testicle or ovary produces a pain, which radiates to the kidney.

[**Renal Calculus—Gall-Stones.** *Table* 130.]

TABLE 294.

	RENAL CANCER.	TUBERCLE OF KIDNEY.
Pyrexia	Absent.	Irregular or intermittent.
Micturition	Unaltered.	Very frequent.
Hæmaturia	Marked ; vermicular clots common.	Slight ; no clots.
Urine	Albuminuria.	Shreds of connective tissue ; pus even in *acid* urine ; Bacillus tuberculosus.
Tumour	On deep palpation.	Absent.
Loin	Full or bulging.	Unaffected.
Abdominal Veins	Sometimes dilated.	Unaltered.
X Rays	Show tumour.	Negative.

Symptoms in Common.—Wasting, hæmaturia, and a dull pain in the loin ; incidence chiefly in early life (sarcoma).

TABLE 295.

	RHEUMATISM, ACUTE.	LYMPHATIC LEUKÆMIA.
Pain	In joints.	In limbs.
Pyrexia	Continued.	Intermittent or absent.
Glands	Unaffected.	Enlarged.
Spleen	Unaffected.	Enlarged.
Nodules	Common about joints.	Absent.
Urine	Brick-dust sediment.	Albumose.
Cardiac Murmur	Organic.	Hæmic.
Blood Change	Slight leucocytosis.	Leucocytosis (125,000)—chiefly lymphocytes. Oligocythæmia ($2\frac{1}{2}$ millions).
Salicylates	Effective.	No action.

SYMPTOMS IN COMMON:—Pain in limbs; pyrexia.

[**Rheumatism, Acute—Pyæmia.** *Table* 289.

TABLE 296.

	RHEUMATOID ARTHRITIS.	CHRONIC GOUT.
Age	Begins 25 to 35, or at menopause.	Usually over 40.
Sex	Females 10 to 1.	Commoner in males.
Heredity	Very seldom hereditary.	Often hereditary.
General Wasting	Present.	Absent.
Loss of Local Power	Great, corresponding to local muscular atrophy.	None, atrophy not marked.
Pulse	Small and frequent.	Normal or full.
Temperature	Often subnormal.	Normal or slightly raised.
Tophi	Absent.	Common in ears, phalanges, joints, etc.
X Rays	Bone thinned and transparent. Phalanges notched.	Show nodules of urate of soda. No notching.
Joints	Begins in ankles, fingers, or wrists; swelling fusiform and soft; rarely tender.	Chiefly fingers and toes; swelling irregular, hard and tender; affection asymmetrical.
Hand	Deflected ulnarwards.	Not deflected.

SYMPTOMS IN COMMON.—Chronic swelling of joints. Small osteophytes may be present in both, and both are marked by fever at onset.

[**Rheumatoid Arthritis—Tuberculous Joint.** *Table* 177.]

TABLE 297.

	RHEUMATOID ARTHRITIS.	OSTEO-ARTHRITIS.
Age	25 to 35, or at menopause.	45 to 65. That of the hip affects chiefly elderly men.
Joints Affected	Commonest in the first interphalangeal joint, and in the wrist. Spine, lower jaw, and other joints affected late.	Commonest in the knee; but often affects *terminal* phalanges and the spine; not the jaw.
Deformity	Softish spindle-shaped swelling. Bony outgrowths small and rare.	Great and irregular enlargement with extensive bony excrescences.
Heberden's Nodes	Absent.	Common.
Stiffness	Moderate unless neglected; no locking of joints.	Pronounced; joints often lock.
Grating	Very rare.	Well marked.
Temperature	High for a month at commencement and somewhat raised in later exacerbations; subnormal in interval.	Normal or slightly raised; never subnormal.
Glands	Somewhat enlarged.	Normal.
Pigmentation	Common.	Absent.
Muscular Atrophy	Marked near joints.	Moderate.
X Rays	Transparency of bones.	Osteophytes.

SYMPTOMS IN COMMON.—Pain, stiffness, and enlargement of one or more joints, occurring chiefly in women; ulnar deflection.

NOTE.—Until recently osteo-arthritis was a mere synonym of rheumatoid arthritis. It is now generally regarded as a distinct disease.

TABLE 298.

	RICKETS.	INFANTILE SCURVY.
General Aspect	Pale, flabby, restless.	Pale or sallow; immobile.
Purpura	Absent.	Common.
Gums	Unaffected.	Often bleeding and spongy.
Epiphyses	Enlarged.	Subperiosteal swelling of bones, often marked near the epiphyses.
Tenderness	Slight, chiefly in legs.	General, most marked in legs. Child cries when moved.
Hæmorrhages	Absent.	Epistaxis and, rarely, internal hæmorrhages.
Eyes	Unaffected.	Exophthalmos sometimes present.
Head	Large and square. Craniotabes.	Unaffected.
Pyrexia	Absent.	Only after hæmorrhage.

SYMPTOMS IN COMMON.—A disease of infants between three and eighteen months old, chiefly bottle-fed, with epiphysial swellings and tenderness of the long bones of the legs.

CAUTION.—The two diseases are often associated. Infantile scurvy may be regarded as acute rickets.

[**Rickets—Congenital Syphilis.** *Table* 317.]

[**Rickets—Hydrocephalus.** *Table* 161.]

TABLE 299.

	SCARLATINA.	ERYTHEMA INFECTIOSUM.
Incubation	8 to 9 days.	6 to 14 days.
Throat	Inflamed.	Unaffected.
Macules	Absent.	On arms, legs, and trunk.
Erythema	Beginning on neck and gradually affecting the entire skin. Punctated.	Large hot shiny patches, on cheeks only.
Desquamation	From 7th day to 7th week.	Absent.
Tongue	Strawberry from 3rd day.	Slightly furred only.
Glands	Enlarged about jaw.	Normal.
Immunity	Erythema infectiosum confers none.	Scarlet fever confers none.

SYMPTOMS IN COMMON.—An epidemic erythematous disease, occurring chiefly in children.

[**Scarlatina—Diphtheria.** *Table* 99.]

TABLE 300.

	SCARLATINA.	FOURTH DISEASE.
Onset	Sudden, with vomiting.	More gradual ; no vomiting.
Incubation	7 to 8 days.	9 to 14 days.
Rash	A lobster-red, minutely dotted erythema ; not raised. Neck and chest first affected.	Bright rose colour, slightly raised. Spreads rapidly over whole surface.
Pulse	Very fast.	Moderate.
Temperature	High ; with a lull after 4 days.	Rarely high.
Tongue	Furred till 3rd day ; then "strawberry."	Slightly furred throughout.
Conjunctivæ	Normal.	Pink.
Enlarged Glands	Only about jaw.	Post-cervical, axillary, and inguinal.
Scaling	Marked, flakey.	Slight and branny.
Albuminuria	Marked.	Absent or slight.

Symptoms in Common.—An infectious fever having a red rash, which appears after one or two days' illness ; swollen fauces.

TABLE 301.

	SCARLATINA.	ROTHELN.
Incubation	7 to 8 days.	10 days; often longer.
Rash	Minutely dotted lobster erythema.	Dull red, coalescing spots.
Course of Rash	Neck and chest first.	Face and chest first.
Onset	Abrupt; with vomiting.	More gradual; no vomiting.
Pulse	Very fast.	Fast only in proportion to temperature.
Temperature	High the first four days; then a partial subsidence.	Slight rise; sometimes normal.
Tongue	"Strawberry" after 3rd day.	Furred throughout.
Fauces	Deep red.	Slightly reddened.
Forschheimer's Sign (213)	Absent.	Present.
Swollen Glands	About jaw only.	*Post-cervical*, occipital, axillary, and inguinal.
Sergent's White Line	Present.	Absent.
Scaling	Flaky.	Branny.
Albuminuria	Marked.	Absent or slight.

Symptoms in Common.—A rash appearing within one or two days of invasion; pyrexia; tonsillitis.

Explanation.—"Sergent's white line" is the reverse of *tâche cérébrale*, the white line being produced and persisting in the same way.

[**Scarlatina—Measles**. *Table* 214.]

TABLE 302.

	SCIATICA.	SACRO-ILIAC DISEASE.
Age	Middle and old age.	Chiefly young adults.
Limb	Apparently shortened.	Slightly lengthened.
Shoulder	Unaltered.	Raised.
Scoliosis	Rare.	Present.
Swelling	Absent.	Over joint.
Tenderness	Sciatic notch.	Over joint, and along the course of the superior gluteal nerve.
Erichsen's Sign (158)	Absent.	Present.
Points Douloureux	At sciatic notch, mid-thigh, head of fibula, and behind malleolus externus.	Absent.
Abscess Formation	Never.	Sometimes.
History	Of gout, neuralgia, etc.	Of tuberculosis or pyæmia.
X Rays	Nil.	May show a commencing abscess of the joint.

SYMPTOMS IN COMMON.—Weakness on standing; pain referred to sciatic nerve; limping.

TABLE 303.

	SCIATICA.	OSTEO-ARTHRITIS OF HIP.
Pain	Thigh, calf, outer side of leg, sole.	Hip and knee.
Tenderness	Along course of nerve. None on tapping trochanter.	On tapping trochanter. None over sciatic nerve.
Points Douloureux	Sciatic notch, mid-thigh, head of fibular behind external malleolus.	None, unless the nerve is secondarily involved.
Gait and Posture	Limb somewhat flexed so that patient walks on ball of foot.	Limb adducted, everted, and flexed.
Rotation by Surgeon	Unresisted.	Resisted.
Muscular Wasting	In old cases only, and chiefly of buttock.	Thigh, buttock, and, later, leg.
Grating	Absent.	Often present.
Shortening	No true shortening.	Late.
Joint Swelling	None.	Osteophytes.
Effect of Rest	Pain relieved.	Pain and stiffness increased.
X Rays	Negative.	Osteophytes.

SYMPTOMS IN COMMON.—Pain and stiffness about hip; limping; muscular wasting.

TABLE 304.

	SCURVY.	LYMPHATIC LEUKÆMIA.
History	Of bad dieting.	Nil.
Pyrexia	Absent.	Intermittent.
Spleen	Not enlarged.	Enlarged slightly.
Glands	Not enlarged.	Enlarged.
Blood Change	No lymphocytosis.	Lymphocytosis marked.
Purpura	Very common.	Rare.
Bleeding Gums	The rule.	Rare.
Hæmorrhages	Common.	Occasionally.

SYMPTOMS IN COMMON. — Oligocythæmia; lowered hæmoglobin; and, sometimes, hæmorrhages and purpura.

[**Lymphatic Leukæmia—Jaksch's Anæmia.** *Table* 13.]

[**Lymphatic Leukæmia—Acute Rheumatism.** *Table* 295.]

[**Lymphatic Leukæmia—Lymphadenoma.** *Table* 206.]

TABLE 305.

	SMALL-POX.	ACNE.
Age	Chiefly 25 to 40 in vaccinated cases.	Chiefly at puberty.
History	Of fever of invasion; no vaccination; no previous attack.	Of previous attacks; vaccination probable.
Rash	On limbs as well as face; umbilication in vesicular stage.	Not on limbs; central blackhead; no vesicular stage.
Pyrexia	A second rise on pustulation.	Absent, or very slight.
Constitutional Symptoms	Severe; with backache and vomiting.	None.
Odour	Characteristic; "greasy."	Absent.
Scars	None.	Of a previous attack.

SYMPTOMS IN COMMON.—A rash, at first papular, but later pustular; marked on face; no fever on the first appearance of the rash.

[**Small-Pox—Cerebro-Spinal Meningitis.** *Table* 220.]

TABLE 306.

	SMALL-POX.	CHICKEN-POX.
History	(?) Previous attack of chicken-pox; no, or slight, vaccination scars.	No previous attack; of efficient vaccination.
Age	Commoner in adults.	Chiefly in childhood.
Invasion	Two days; symptoms severe with high temperature.	A few hours; symptoms mild.
Rash	More on back than on chest and abdomen, but most on face. Wrists and face first affected.	In crops; most marked on chest and abdomen; few on face.
Vesicles	Hard and "shotty"; do not collapse on pricking; often umbilicated. Size uniform; fluid increasingly turbid. Formation takes 3 to 4 days.	Soft, collapse on pricking: rarely umbilicated; size variable; fluid rarely turbid; formation complete in 24 hours.
Temperature	About 104° F.; but dropping to nearly normal when the rash appears, and rising again with pustulation.	About 102° F. at first; then dropping, but rising again with each crop.
Odour	Characteristic; "greasy."	None.
Pain	Severe back and headache.	None.

SYMPTOMS IN COMMON.—An infectious fever, with an incubation period of about twelve days, and a rash, which is first papular, and then vesicular.

TABLE 307.

	SMALL-POX.	MEASLES.
History	Of vomiting and severe backache.	Of coryza, photophobia, and bronchial catarrh.
Papules	Appear about third day. Shotty, rarely confluent; abundant on wrists.	Appear fourth to fifth day. Soft, confluent in patches or crescents; few on wrists.
Vesicles	Develop about sixth day.	Absent.
Pustules	Develop about ninth day.	Absent.
Koplik's Spots	Absent.	For two days before and two days after eruption.
Scarring	Follows pustulation.	Absent.
Odour	Characteristic; "greasy."	None.
Temperature	104° F. or more; falls when the rash appears, and rises again with pustulation.	Rarely over 103° F.; persists during rash.

SYMPTOMS IN COMMON.—An infectious disease having an incubation stage of about twelve days, followed by a feverish invasion stage and a papular rash.

CAUTION.—Small-pox has sometimes a prodromal rash resembling that of measles; but it is unaccompanied by catarrh, the face is not much affected, and it is rare under 9 years of age.

TABLE 308.

	SMALL-POX.	TYPHUS FEVER.
Incubation Stage	12 days.	7 days.
Invasion Stage	2 to 3 days.	3 to 5 days.
Rash	Begins on face and wrists.	Begins on chest and abdomen.
Macules	If present at all, they soon develop into papules.	Dusky red. They do not develop into papules.
Vesicles	Developed from the papules.	Absent.
Pustules	Develop from vesicles.	Develop from macules.
Pyrexia	Falls with appearance of rash, and remains low till stage of pustulation.	First week, 104° to 106° F.; then one day's remission. Second week often higher.
Odour	"Greasy."	"Rotten straw."

SYMPTOMS IN COMMON.—Severe vomiting, backache, and high fever, followed by a rash.

TABLE 309.

	SPINAL APOPLEXY.	ANTERIOR POLIOMYELITIS.
History	(?) Of trauma.	(?) Of epidemic.
Age	Any age.	1 to 5; rare in adults.
Onset	Very sudden.	Rapid, but not sudden.
Pyrexia	Absent.	Present at first.
Sensation	Anæsthesia below level of lesion, tingling, etc.	Unaffected.
Bladder	Sphincter involved if lumbar.	Unaffected.
Muscular Wasting	If cervical or lumbar.	More localized.
Pain	Sudden and sharp.	Moderate.
Paralysis	Paraplegia, but never monoplegia.	Paraplegia, monoplegia, etc.
Trophic Symptoms	Bedsores, cystitis, etc.	None.

SYMPTOMS IN COMMON.—Muscular wasting; paraplegia; lost patellar reflex.

TABLE 310.

	SPINAL CARIES, CERVICAL.	CERVICO-OCCIPITAL NEURALGIA.
Age	Childhood and adolescence.	Any age.
Pain	Continuous; increased by movement; often bilateral.	Paroxysmal; unaffected by movement; usually unilateral.
Nerves Involved	5th or 6th cervical may be affected in addition to 1st, 2nd, 3rd, and 4th.	Posterior branches of 1st to 4th cervical only.
Stiffness	Of neck.	Absent.
Tender Spot	On prominence only.	Midway between the mastoid process and the spine.
Heavy Percussion of Head	Pain in neck.	No result.
Swelling	At back of neck and sometimes in pharynx.	None.

SYMPTOM IN COMMON.—Pain in the back of the neck.

TABLE 311.

	SPINAL CARIES.	SPINAL NEURASTHENIA.
Age	Childhood to adolescence.	15 to 35.
History	Of tuberculosis.	Of shock or trauma.
Sex	Either.	Chiefly female, unless traumatic.
Stiffness	Marked.	Absent.
Pain	Radiating; increased by rotation, jolting, or stooping. Spinal and epigastric.	Not radiating; not increased by movement. Spinal only.
Heel Jar (293)	Pain over lesion.	No result.
Heavy Percussion of Head	Pain over lesion.	No result.
Deformity	Kyphosis with projection, or angular curvature.	No projection; perhaps some lateral curvature.
Paraplegia	Late if at all.	Absent.

Symptoms in Common.—Spinal pain and tenderness; exaggerated reflexes.

TABLE 312.

	STOMACH, CANCER OF.	ACHYLIA GASTRICA.
Age	45 to 65.	Usually over 60.
Pain	Often severe.	Slight.
Diarrhœa	Rare.	Common, lienteric.
Lactic Acid	Often present in vomit.	Absent.
Hæmatemesis	Common.	Absent.
Bacillus	Oppler-Boas bacillus often present in nearly empty stomach.	None.
Dilated Stomach	Present in pyloric cancer.	Absent.
Melæna	Common.	Absent.
Indicanuria	Present.	Absent.

Symptoms in Common.—Dyspeptic symptoms, with absence of free hydrochloric acid ; tongue often indented.

[Stomach, Cancer of—Gastric Ulcer. *Table* 135.]

TABLE 313.

	STOMACH, CANCER OF.	GASTRALGIA.
History	Of recent origin.	Of previous attacks.
Age	45 to 65, or, rarely, in young people.	Young adults.
Pain	Continuous. Worse after food.	Often paroxysmal. Relieved by food.
Appetite	Poor.	Often voracious.
Nausea	Common.	Rare.
Vomit	Little or no free HCl; lactic acid and Oppler-Boas bacillus present.	Free HCl; no lactic acid or bacillus present.
Tumour	Usually palpable.	Absent.
Wasting	Marked.	Slight.
Dilatation of Stomach	Present if pyloric.	Absent.
Hæmatemesis	Frequent.	Absent.
Melæna	Present.	Absent.
Indicanuria	Marked.	Absent.

SYMPTOMS IN COMMON.—Gastric pain; vomiting.

TABLE 314.

	STOMACH, CANCER OF.	GASTRITIS, CHRONIC.
History	Of recent dyspepsia.	Of prolonged dyspepsia.
Age	45 to 65.	Any age.
Pain	Often severe.	Moderate.
Tenderness	Circumscribed; often marked over pylorus.	Diffused and slight.
Vomiting	Common.	Rare.
Hæmatemesis	Common.	Blood-streaks only, in primary cases.
Melæna	Common.	Absent.
Wasting	Marked and recent.	Moderate and old.
Tumour	Present.	Absent.
Vomit	Little or no free HCl; lactic acid and Oppler-Boas bacillus present.	Free HCl; no lactic acid; no bacillus.
Indicanuria	Marked.	Slight.

Symptoms in Common.—Gastric pain, with some debility and wasting.

Caution.—When the gastritis is secondary to cirrhosis of the liver, there will be hæmatemesis and melæna.

TABLE 315.

	STOMACH, HOUR-GLASS.	GASTRIC CATARRH.
History	Of gastric ulcer (cicatrization) or gall-stones (adhesions).	Of prolonged ill-health.
Epigastrium	Fulness on the left side.	Bilateral fulness.
Succussion Sound	Present.	Absent.
Wolfler's Signs	Present.	Absent.
Jaworski's Test	Present.	Absent.
Moynihan's Test	Present.	Absent.
X Rays	Constriction shown after bismuth meal.	Negative.
Water Brash	Rare.	Common.

Symptoms in Common.—Flatulence; eructations; epigastric and interscapular pain; giddiness; headache; malaise.

Explanations.—"Wolfler's first sign"—less fluid can be drawn from the stomach than has been introduced into it by tube.

"Wolfler's second sign"—a foul flow after apparently complete cleansing by lavage.

"Jaworski's test"—a succussion splash in the pyloric half after siphoning the cardiac sac.

"Moynihan's test"—after administering the two parts of a Seidlitz-powder separately, two distinct sacs are observed.

TABLE 316.

	SYPHILITIC CHANCRE.	SOFT SORE.
History	No previous attack of syphilis.	Nil.
Number	Single.	Multiple.
Incubation	2 to 6 weeks.	3 to 6 days.
Ulcer	Dry, painless, not inflamed. Base hardened.	Inflamed, painful, sloughing, and discharging. Base not hardened.
Inguinal Glands	Shotty, discrete, painless, movable.	Inflamed, much swollen, matted together, suppurating.
Scar	Faint.	Marked.
General Infection	Secondaries appear 4 to 8 weeks after appearance of chancre.	None.
Organism	Spirochæta pallida.	Bacillus of Ducrey.
Wassermann's Reaction	Often present.	Absent.

Symptoms in Common.—A sore upon or near penis or vulva.

Caution.—A hard and a soft sore may coexist, and either may appear on the lips, the tongue, or on the skin of parts far removed from the genitals.

TABLE 317.

	SYPHILIS, CONGENITAL.	RICKETS.
Age at Onset	2nd month.	3 to 18 months.
Cry	Hoarse.	Whining.
Snuffles	Present.	Absent.
Skin	"Café au lait"; "raw ham" erythema; condylomata; pemphigus.	Unaltered.
Fissures	Of mouth or anus.	Absent.
Epiphyses	Enlarged and tender; sometimes separating; no rosary.	Enlarged; not so tender as shafts; "rosary chest."
Skull	"Hot-cross bun" shape, with nodes.	Quadrilateral on profile; forehead large and bumpy.
Sutures, etc.	Depressed; fontanelles small.	Broad, large, open fontanelles; both closing late.
Nose	A bridgeless pug.	Unaltered.
Abdomen	Small, with loose skin.	Bulging.
Enlarged Spleen	In 25 per cent.	Rare.
Effects of Mercury	Very beneficial.	Injurious.
Nutrition	Child wasted.	Child often too fat.

SYMPTOMS IN COMMON.—Backwardness; enlarged epiphyses; craniotabes.

[**Syphilis, Congenital—Infantile Scurvy.** *Table* 168.]

TABLE 318.

	SYRINGOMYELIA.	AMYOTROPHIC LATERAL SCLEROSIS.
Age	15 to 25.	25 to 50.
Scoliosis	Present.	Absent.
Depressed Sternum	Present.	Absent.
Anæsthesia	Simple anæsthesia of arms and chest; "dissociated anæsthesia" (249).	Absent.
Trophic Disturbances	Whitlows, bullæ, necrosis, shed nails, etc.	None.

Symptoms in Common.—Wasting of muscles of arms and hands ("claw hand"); spastic weakness of legs; exaggerated knee-jerks; ankle clonus; Babinski's plantar reflex.

[**Syringomyelia—Locomotor Ataxy.** *Table* 202.]

[**Syringomyelia—Pachymeningitis, Cervical.** *Table* 249.]

TABLE 319.

	SYRINGOMYELIA.	MULTIPLE NEURITIS.
Age	15 to 25.	Usually 30 to 50.
Onset	Gradual.	Rapid.
Anæsthesia	Simple anæsthesia of chest and arms; "dissociated anæsthesia" (249).	In patches, with tingling and numbness.
Tenderness	Absent.	Of nerves and muscles.
Paraplegia	Spastic, late.	Flaccid, early.
Knee-Jerks	Exaggerated.	Lost.
Trophic Symptoms	Whitlows, bullæ, necrosis, etc.	Rare.
Scoliosis	Present.	Absent.
Sternum	Depressed.	Normal.
Hand	"Claw hand."	"Dropped hand."

Symptoms in Common.—Muscular wasting; paraplegia; anæsthesia; and, sometimes, trophic symptoms.

TABLE 320.

	TETANUS.	HYDROPHOBIA.
History	Of wound.	Of dog-bite.
Incubation	Usually 4 to 5 days.	Usually 6 to 8 weeks.
Trismus	Marked and early.	Absent.
Opisthotonos	Present.	Absent.
Mind	Clear.	Delusions, mania, etc.
Incidence	Not very uncommon.	Almost unknown in the United Kingdom.
Fear of Water	Absent.	Present.

Symptoms in Common.—Spasm of muscles of deglutition and respiration.

Caution.—A dog-bite may be the wound that has produced the tetanus, or the cause of tetanus may be a slight recent wound in a case where there is also a history of dog-bite.

TABLE 321.

	TETANUS.	STRYCHNINE-POISONING.
History	Of wound.	Of fluid swallowed.
Latency	4 to 5 days.	3 to 4 minutes.
Arms	Practically unaffected.	Convulsed; hands clenched.
During Intervals	Only partial relaxation.	Complete relaxation.
Trismus	Marked.	Generally represented by mere cramps in the jaw.
Opisthotonos	No completely free intervals.	Some intervals.
Organism	Bacillus tetani (drumstick).	None.

Symptoms in Common.—Paroxysmal contractions, with trismus, opisthotonos, and dysphagia; tonic spasm of muscles of chest and abdomen, with consequent cyanosis; mind clear.

TABLE 322.

	TETANUS.	TETANY.
Age	Chiefly in adults.	Chiefly in childhood.
Etiology	A wound 4 to 5 days previously.	Rickets, pregnancy, dilated stomach.
Constitutional Symptoms	Very severe.	Mild.
Spasm	Hands unaffected; trismus early; opisthotonos, risus sardonicus, etc.	"Accoucheur's hand" and "pes cavus." Trismus absent or late.
Breathing	Laboured.	Unaffected.
Organism	Bacillus tetani.	None known.
Trousseau's Sign	Absent.	Present.
Chvostek's Sign	Absent.	Present.
Solovieff's Symptom	Absent.	Present.

SYMPTOMS IN COMMON.—Tonic spasm of voluntary muscles, including, sometimes, trismus.

EXPLANATIONS.—"Trousseau's sign"—pressure upon a nerve, such as the median or the facial, produces violent muscular contraction.

"Chvostek's sign" is similar, but the stimulus is a slight tap.

"Solovieff's sign" consists of a systolic retraction of the lower ribs.

TABLE 323.

	THOMSEN'S DISEASE.	PSEUDO-HYPERTROPHIC PARALYSIS.
Limbs	Stiff and awkward.	Weak or nearly paraplegic.
Prehension	Weakened.	Unaffected.
Gait, etc.	On trying to walk, the leg first moved becomes stiff and remains so for some seconds; then the other leg behaves in the same way; the stiffness improves with exercise.	Waddling on tip-toe. In rising from a sitting position on the floor, the boy "climbs up" his legs with his hands.
Arm	Becomes spastic on voluntary movement.	No spasticity.
Electric Reaction	Myotonic reaction (Erb).	Diminished to both currents.
Muscles of Calves, etc.	Usually somewhat enlarged.	Much enlarged.
Latissimus Dorsi	Unaffected.	Atrophied.
Heredity	Hereditary; not familial.	Hereditary and familial.

SYMPTOMS IN COMMON.—A hereditary disease, beginning in boyhood, characterized by weakened, but apparently hypertrophic, muscles.

EXPLANATIONS.—"Erb's myotonic reaction." In this the reaction from either current develops, and relaxes very slowly. With galvanism, a wave-like contraction passes from kathode to anode.

TABLE 324.

	TUBERCULOSIS, ACUTE.	LEUKÆMIA, SPLENO-MEDULLARY.
Age	Chiefly childhood and young adult life.	Common in middle age.
Fever	Complete intermissions rare.	Complete intermissions common.
Hæmorrhages	Absent except hæmoptysis, which is rare.	Very common — from lungs, stomach, kidneys, nose, retina.
Cyanosis	Common.	Absent.
Lung Symptoms	Marked in most cases.	Practically absent in uncomplicated cases.
Meningeal Symptoms	Common.	Absent.
Spleen	Slightly enlarged.	Often greatly enlarged.
Priapism	Absent.	Common.
Long Bones	Unaffected.	Painful and tender.
Blood	Leucocytosis absent in non suppurating cases.	Leucocytosis, eosinophilia, numerous myelocytes.
Gums	Unaffected.	Often swollen and bleeding.
Calmette's Test	Positive.	Negative.

Symptoms in Common.—Wasting; weakness; irregular pyrexia; enlarged spleen.

[**Tuberculosis, Acute—Bronchitis, Acute.** *Table* 60.]

[**Tuberculosis, Acute—Influenza.** *Table* 169.]

[**Tuberculosis, Acute—Pyæmia.** *Table* 291.]

[**Tuberculosis, Acute—Broncho-Pneumonia.** *Table* 65.]

TABLE 325.

	TUBERCULOUS ULCERATION OF BOWEL.	CHRONIC DIARRHŒA OF CHILDREN.
Age	Rare under 2 years.	Common under 2 years.
History	Of tuberculosis elsewhere.	Often of improper feeding.
Wasting	Very marked.	Moderate unless very prolonged.
Pyrexia	Irregular ; highest at night.	Rare.
Stools	Often contain blood and, sometimes, tubercle bacilli.	Blood rare.
Mesenteric Glands	Usually enlarged.	Normal.
Abdominal Tenderness	Often circumscribed.	Diffuse or absent.
Diarrhœa	May alternate with constipation.	Continuous.

Symptoms in Common. — Diarrhœa ; abdominal distension ; offensive stools ; vomiting ; wasting.

TABLE 326.

	TYPHOID FEVER.	ENTERO-COLITIS OF CHILDREN.
Onset	Gradual.	Abrupt.
Abdominal Pain	Slight.	Severe.
Vomiting	Absent or slight.	Marked.
Stools	"Pea-soup."	Much mucus.
Epistaxis	Common.	Absent.
Temperature	Typical (331).	Continued.
Rose Spots	On abdomen, etc.	Absent.
Spleen	Enlarged.	Normal.
Widal's Reaction	95 per cent. after fifth day.	Absent.

SYMPTOMS IN COMMON. — Abdominal pain and distension, with high temperature and diarrhœa.

[**Typhoid Fever—Appendicitis.** *Table* 40.]

[**Typhoid Fever—Influenza.** *Table* 172.]

TABLE 327.

	TYPHOID FEVER.	INTERNAL ABSCESS.
History	Of exposure to some source of infection.	Of injury, dysentery, pyæmia, etc.
Rigors	Very rare.	Common.
Pulse	Often under 110. Dicrotic.	Usually high.
Temperature	Typical (331).	Not of typhoid type; often "hectic."
Rash	Rose papules on abdomen.	Absent.
Swelling	Of abdomen generally.	Of region affected.
Epistaxis	Common.	Rare.
Spleen	Enlarged.	Normal.
Pea-Soup Stools	Present.	Absent.
Blood	Leucopenia; Widal's reaction.	Leucocytosis; no Widal.
Organism	Bacillus typhosus.	(?) Staphylococcus.

Symptoms in Common.—These vary with the seat of the abscess.

TABLE 328.

	TYPHOID FEVER.	MALARIA.
Onset	Gradual.	Sudden.
History	Of exposure to some source of infection.	Of previous attack or of residence abroad.
Temperature	Typical (331). Intermittent in 3rd week only; no free intervals.	Intermittent with free intervals.
Rigors	Almost unknown.	The rule.
Sweating	Absent.	Profuse at intervals.
Pea-Soup Stools	Present.	Absent.
Blood	Widal's reaction.	Pigment; Widal absent.
Organism	Bacillus typhosus.	Plasmodia.
Spleen	Moderately enlarged.	Much enlarged.

SYMPTOMS IN COMMON.—Pyrexia; enlarged spleen; leucopenia; lymphocytosis.

TABLE 329.

	TYPHOID FEVER.	MALIGNANT ENDOCARDITIS.
Onset	Gradual.	Rather abrupt.
Temperature	Not intermittent till 3rd week (331).	Often intermittent early.
Rigors	Very rare.	Common.
Dyspnœa	Late or absent.	Early.
Faintness	Slight.	Marked.
Pulse	Not fast, dicrotic.	Rapid, arrhythmic.
Murmur	Ill-marked or absent.	Variable or shifting; blowing.
Spleen	Not tender.	Tender.
Râles	Common.	Rare.
Blood	Leucopenia; Widal's reaction.	Leucocytosis.

Symptoms in Common.—Enlarged spleen; pyrexia of remittent or intermittent type; soft systolic murmur.

TABLE 330.

	TYPHOID FEVER.	MALTA FEVER.
History	Of exposure to a source of infection.	Of consumption of goat's milk in Malta or abroad.
Incubation	3 weeks.	8 to 14 days.
Diarrhœa	The rule.	Rare.
Rash	Rose spots on abdomen.	Absent.
Joint Pains	Absent.	Common.
Temperature	Typical (331).	Ten days' fever ; then a remission lasting 2 to 10 days followed by a return of fever.
Widal's Reaction	Present.	Absent.
Organism	Bacillus typhosus.	Micrococcus melitensis.

Symptoms in Common. — A remittent fever of insidious onset, with enlarged spleen and Ehrlich's reaction.

[**Typhoid Fever—Portal Pyæmia.** *Table* 283.]

TABLE 331.

	TYPHOID FEVER (with marked bronchial symptoms).	PULMONARY TUBERCULOSIS, ACUTE.
Dyspnœa	Moderate.	Marked.
Cyanosis	Slight.	Pronounced; greater than the physical signs would appear to warrant.
Temperature	Typical (see below).	Markedly irregular.
Pulse	Under 110. Dicrotic.	Very rapid. Rarely dicrotic.
Bowels	Relaxed; "pea-soup" motions.	Usually constipated.
Rash	Crops of rose-coloured papules, especially over hypochondria.	Rash.
Sweating	Skin dry.	Often profuse.
Abdomen	Distended.	Normal.
Widal's Reaction	95 per cent. after fifth day.	14 per cent. of cases.

SYMPTOMS IN COMMON.—Enlarged spleen; bronchial râles; remittent or intermittent temperature.

EXPLANATION.—The typical temperature of a case of typhoid is as follows:

First Week.—A gradual rise to 104° F., with morning remissions of 2°.

Second Week.—A stationary maximum, with morning remission of 1° to 1·5°.

Third Week.—A stationary maximum, with morning remission of 3° to 5°.

Fourth Week.—A gradual return to the normal, with morning remissions of 1° to 1·5°.

TABLE 332.

	TYPHOID FEVER.	PYÆMIA.
History	Of exposure to a source of infection.	Of wound.
Onset	Gradual.	Usually acute.
Rigors	Very rare.	Common, recurrent.
Skin	Dry.	Profusely sweating.
Rash	Rose spots on abdomen; petechiæ rare.	Erythema or petechiæ.
Jaundice	Absent.	Common.
Blood	Leucopenia; Widal's reaction.	Leucocytosis.
Pulse	Under 110; dicrotic.	Rapid.
Temperature	No marked remissions till third week (331).	Marked remissions from onset.
Joints	Unaffected.	Often enlarged and tender.
Abscess Formation	Very rare.	Common.
Organism	Bacillus typhosus.	Streptococci, staphylococci, and many others.

Symptoms in Common. — Diarrhœa; prostration; enlarged spleen; delirium; remittent or intermittent temperature.

TABLE 333.

	TYPHOID FEVER.	TRICHINOSIS.
Pain	Chiefly in head.	Muscular and abdominal.
Muscles	Unaffected.	Hard, tender, and stiff.
Œdema	Absent.	Of face.
Vomiting	Absent or slight.	Marked.
Skin	Dry.	Profuse sweating.
Stools	B. typhosus (culture only).	Show trichinæ.
Spleen	Enlarged.	Normal.
Blood	Leucopenia; Widal.	Leucocytosis, eosinophilia.
Temperature	Typical (331).	Remittent.

Symptoms in Common.—Diarrhœa; vomiting; remittent fever.

[**Typhoid Fever—Spleno-Medullary Leukæmia.** *Table* 182.]

TABLE 334.

	TYPHOID FEVER.	TUBERCULOUS PERITONITIS.
Onset	Subacute.	Very gradual.
History	Of exposure to infection.	Of tubercle elsewhere.
Temperature	Typical (331).	Irregular.
Epistaxis	Common.	Absent.
Abdomen	Soft; no lumps or bands; no fluid.	Doughy, with lumps and bands, and, later, fluid.
Stools	"Pea-soup."	Often constipated.
Mesenteric Glands	Impalpable.	Enlarged.
Widal's Reaction	95 per cent. after 5th day.	Sometimes present.
Organism	B. typhosus.	B. tuberculosus.

SYMPTOMS IN COMMON.—Abdominal distension; enlarged spleen; leucopenia; Widal's reaction; high temperature.

[**Typhoid Fever—Tuberculous Meningitis.** *Table* 229.]

TABLE 335.

	TYPHOID FEVER.	TYPHUS FEVER.
Onset	Insidious; no rigor.	Sudden; frequently with a rigor.
Incidence	Common.	Very rare in United Kingdom.
Invasion	11 days.	4 to 5 days.
Face	Pale and pinched.	Congested and bloated.
Expression	Languid.	Drunken.
Backache	Absent.	Marked.
Temperature	Typical (331).	First week 104° to 106° F.; then one day's remission. Next week may be higher. Ends by crisis.
Pulse	Slow, generally under 110; dicrotic.	Very rapid.
Prostration	Late.	Early.
Abdomen	Prominent; tender over cæcum.	Normal; no tenderness.
Rash	Scanty, papular, fading on pressure.	Abundant, macular, not fading on pressure.
Enlarged Spleen	Present throughout.	In prodromal stage only.
Diarrhœa	The rule.	Rare.
Widal's Reaction	Present.	Absent.
Odour	Not characteristic.	Like "rotten straw."
Ehrlich's Sign	In 81 per cent.	In 5 per cent.

Symptoms in Common.—An infectious fever, with a rash, enlarged spleen, and, sometimes, petechiæ.

TABLE 336.

	TYPHUS FEVER.	CEREBRO-SPINAL MENINGITIS.
History	Of an epidemic of this disease.	Of an epidemic of this disease.
Rash	Petechial and macular.	If present, bullar or petechial.
Temperature	First week 104° to 106° F.; then one day's remission. Next week may be higher. Termination (about 14th day) by crisis.	Irregular.
Pulse	Very rapid.	Slow or rapid, irrespective of the temperature.
Vomiting	Moderate or absent.	Very severe and prolonged.
Pain	Chiefly in back.	Head, back, and limbs.
Retraction of Head	Absent.	Marked.
Opisthotonos	Never.	Sometimes.
Kernig's Sign	Absent.	Present.
Odour	Like "rotten straw."	Nil.
Lumbar Paracentesis	Nil.	Fluid turbid; great lymphocytosis; diplococcus of Weichselbaum.

Symptoms in Common.—Sudden onset, with rigor and fever; headache, skin eruption, and vomiting.

[**Typhus Fever—Delirium Tremens.** *Table* 96.]

[**Typhus Fever—Small-Pox.** *Table* 308.]

TABLE 337.

	TYPHUS FEVER.	MEASLES.
Onset	Sudden, often with a rigor.	More gradual; no rigor.
Incidence	Rare in United Kingdom.	Common.
Age	Any age.	Chiefly in childhood.
Invasion Stage	4 to 5 days; intense backache and headache.	3 to 4 days; coryza and photophobia.
Temperature	Very high; continues after full development of rash (336).	Moderate; falls on completion of rash; no intermission.
Rash	Abundant; macular and petechial.	Coalescent crimson papules; petechiæ rare.
Prostration	Very marked.	Not marked.
Odour	Like "rotten straw."	None special.
Koplik's Spots	Absent.	Present.
Wasting	In proportion to temperature.	Marked from the third day (Meunier's Sign).

Symptoms in Common.—An infectious disease, with an invasion stage of about four days, followed by a rash.

TABLE 338.

	TYPHUS FEVER.	RELAPSING FEVER.
History	Of epidemic.	Generally of residence abroad.
Temperature	First week 104° to 105° F.; then one day's remission, followed by a second attack of fever.	Sudden rise to 104° F.; nearly steady for 6 days; then a free interval of about a week, followed by a second febrile attack, lasting 3 to 4 days.
Rash	Macular, not fading on pressure; petechial.	Rare; sometimes a punctate erythema.
Sweating	Moderate.	Profuse sweating stage, lasting 8 to 9 hours, and prefacing the free interval.
Jaundice	Absent.	Common.
Liver	Unaffected.	Generally enlarged and tender.
Spleen	Enlarged in prodromal stage only; not tender.	Enlarged and tender.
Blood	No organism.	Contains spirillum during febrile stage.

SYMPTOMS IN COMMON.—Onset sudden, with chills (or rigor) and pain in the back; incubation about seven days; sudden great rise of temperature; vomiting; albuminuria.

[**Typhus Fever—Uræmia.** *Table* 341.]

TABLE 339.

	URÆMIA.	DIABETIC COMA.
History	Of convulsions or bladder trouble.	Of wasting or polyuria.
Breath	Urinous.	Sweet or "new-mown hay."
Breathing	Sometimes "hissing."	"Air-hunger" (8).
Twitchings	Unusual.	Common.
Urine	Albuminous, but often suppressed; casts.	Contains acetone or sugar; specific gravity, high.
Hemiplegia	Very rare.	Absent.
Temperature	A rise at termination.	Unaffected.
Pupils	Contracted.	Dilated.
Arterial Tension	High.	Low.

SYMPTOMS IN COMMON.—Coma, with heavy breathing, equal pupils, and vomiting.

[**Uræmia—Alcoholic Coma**. *Table* 12.]

[**Uræmia—Apoplexy**. *Table* 36.]

TABLE 340.

	URÆMIC COMA.	FRACTURED BASE.
History	Of vomiting or convulsions.	Of fall or blow.
Breath	Urinous.	Unaffected.
Pupils	Equal.	Unequal.
Discharge	None.	Of blood or cerebro-spinal fluid from ear or nose.
Paralysis	Very rarely hemiplegia.	Usually facial or ocular; sometimes hemiplegia.
Coma	Often incomplete.	Profound after a time.
Breathing	Sometimes "hissing."	Stertorous, "Cheyne-Stokes."
Urine	Albuminous; but often suppressed.	Unaffected.
Eyelids	Unaffected.	Ecchymosed (orbital form).

SYMPTOMS IN COMMON.—Coma; twitchings; slow pulse; and, rarely, hemiplegia.

TABLE 341.

	URÆMIA.	TYPHUS FEVER.
History	Of convulsions or bladder trouble.	Of epidemic.
Odour	Urinous.	" Like rotten straw.
Temperature	Normal or slightly raised.	Very high.
Pulse	Moderate, high tension.	Very rapid, low tension.
Rash	Absent.	Macular and petechial.
Breathing	Often " hissing."	Slight dyspnœa.
Urine	Albuminous ; but often suppressed.	Albuminous.
Pupils	Contracted and immovable.	Dilated.

Symptoms in Common.—Stupor ; prostration ; muttering delirium ; albuminuria ; dry brown tongue, etc.

TABLE 342.

	VINCENT'S ANGINA.	FOLLICULAR TONSILLITIS.
Incidence	Uncommon.	Common.
Age	Adolescents and young adults.	From 10 upwards.
Incubation	7 days.	4 days.
Temperature	Slightly raised.	High.
Contagion	Uncommon.	Common.
Membrane	Present.	Absent. The patches can be removed with a brush.
Ulceration	Marked; flat with hard base and sloping edges.	Absent.
Organism	Bacillus fusiformis.	Streptococcus.

SYMPTOMS IN COMMON.—Inflamed fauces and enlarged glands.

[**Vincent's Angina—Diphtheria.** *Table* 98.]

[**Follicular Tonsillitis—Diphtheria.** *Table* 100.]

TABLE 343.

	VOLVULUS.	ACUTE INTUSSUSCEPTION.
Onset	Sudden.	Sometimes preceded by colic.
Age	Usually over 40.	Childhood chiefly.
Vomiting	Sometimes absent.	Moderate.
Bowels	Constipated.	Usually relaxed, with blood and mucus in stools.
Pain	First about navel; later, over sigmoid flexure.	Position varies.
Tenderness	Over sigmoid flexure; early.	Late.
Meteorism	Severe and early.	Unusual.
Rigidity	Early.	Late.
Tumour	Absent.	Round or sausage-shaped.
Collapse	Complete.	Incomplete.

Symptoms in Common.—Abdominal pain, vomiting, and tenesmus, with, later, symptoms of peritonitis.

TABLE 344.

	VOLVULUS.	GALL-STONE OBSTRUCTION.
Age	40 to 70.	40 to 50.
Sex	Common in males.	Chiefly females.
History	Sometimes of constipation.	Sometimes of hepatic colic.
Pain	Severe; first, about navel; later, over sigmoid flexure.	Often moderate; generally about navel throughout.
Tenderness	Early.	Late.
Vomiting	Late and moderate, sometimes absent.	Marked and copious.
Rigidity	Early.	Late.
Meteorism	Severe and early.	Slight or absent.
Collapse	Complete.	Less complete.

Symptoms in Common. — Abdominal pain; vomiting; absolute constipation.

TABLE 345.

	VOLVULUS.	INTERNAL STRANGULATED HERNIA.
Age	40 to 70.	About 25 to 60.
History	Of colic and constipation.	Of old peritonitis.
Vomiting	Moderate and late.	Severe and early.
Tenesmus	Sometimes present.	Absent or slight.
Tenderness	Early, over sigmoid flexure.	Late, over seat of hernia.
Pain	First about navel; later, over sigmoid flexure.	Chiefly about navel.
Meteorism	Severe and early.	Slight and late.
Tumour	Sausage-shaped or spheroidal; sometimes felt only per rectum.	Absent.
Rigidity	Early.	Late.

Symptoms in Common.—Absolute constipation, of sudden onset, with pain and vomiting; collapse.

TABLE 346.

	YAWS.	SYPHILIS.
Transmission	Not hereditary.	Hereditary.
Inoculation Lesion	Not indurated.	Indurated.
Glands	Rarely enlarged.	Enlarged.
Mucous Membrane	Unaffected.	Condylomata, etc.
Frambœsial Scab	Present.	Absent.
Ulcers	Commonest on the lower part of the leg.	Common in the upper part of the leg.
Iritis	Absent.	Common.
Nerve Lesions	Absent.	Common.
Organism	Spirochæta pertenuis.	Spirochæta pallida.
Race	Almost exclusively the black races.	White or black.

Symptoms in Common.—The resemblance between the nodules of yaws and those, or the gummata, of syphilis. Either is liable to break down and leave an ulcer. The Wassermann reaction.

TABLE 347.

	YELLOW ATROPHY, ACUTE.	PHOSPHORUS-POISONING.
Pain	Absent.	Acute abdominal pain.
Vomit	Contains food or blood; not luminous.	Contains blood late; sometimes luminous in the dark. Odour of garlic.
Liver	First enlarged; later, atrophied.	Enlarged; no subsequent atrophy.
Pyrexia	Slight.	Absent.
Age	Young adults.	Any age.
Sex	Chiefly females.	Either.
Pregnancy	Connected with —.	Not a factor.
Incidence	Very rare.	Not uncommon.
Jaundice	Early.	Late.
Duration	Two weeks.	Fatal cases one week or less.
Hæmorrhages	Common.	Rare.
Urine	Urea diminished; leucin and tyrosin present.	Urea normal; leucin and tyrosin rarely present.

SYMPTOMS IN COMMON.—Vomiting and jaundice; enlargement of liver; albuminuria; hæmorrhages; delirium; coma.

TABLE 348.

	YELLOW FEVER.	ACUTE YELLOW ATROPHY.
Climate	Tropical.	Temperate or tropical.
Sex	Either sex. No connection with pregnancy.	Chiefly females and often associated with pregnancy.
Fever	High temperature for four days.	Usually slight.
Liver	Unaltered or somewhat enlarged throughout.	Enlarged and tender at first; afterwards, shrunken.
Mind	Clear unless uræmia is present.	Delirium, drowsiness, etc.
Urine	Serum, albumen only.	Leucin and tyrosin as well as albumen.
Organism	Myxococcidium stegomyæ.	None known.

Symptoms in Common.—Jaundice; pyrexia; blackish vomit; hæmatemesis; albuminuria.

TABLE 349.

	YELLOW FEVER.	BLACKWATER FEVER.
Skin	Yellow late.	Yellow from onset.
Vomit	At onset, colourless or yellow; later, always black.	At onset, intense green; later, though rarely, black.
Urine	Never dark early, but may be black later; serum-albumin always present.	Dark at first, later black; colour due to hæmoglobin.
Spleen	Normal.	Enlarged and tender.
Liver	Normal.	Enlarged and tender.
Pulse	Very slow in proportion to the temperature.	Rapid only in proportion to the temperature.
Temperature	High for 4 days.	Very high for a few hours, then falling and rising again several times.
Course	Regular; relapses rare.	Very irregular; relapses common.

Symptoms in Common.—Both common in the West Indies. Black urine; black vomit; yellow skin.

TABLE 350.

	YELLOW FEVER.	MALARIA.
Face	Yellow and swollen; jaundice becoming intense in 3rd stage.	Not swollen; but may be yellowish.
Conjunctivæ	Injected and icteric.	Unaffected.
Temperature	Rapid rise to 104° F. or more; remaining at this height for 4 days.	Intermittent.
Pulse	Slow soon after onset. Perhaps 70 or 80, with a temperature of 103° F.	Rapid.
Fauces	Often inflamed.	Unaffected.
Albuminuria	Early.	Absent.
Vomiting	Moderate until 3rd stage, when "black vomit" may set in.	Rare.
Bowels	Constipation in 1st stage; bloody stools in last.	Little affected.
Spleen	Normal.	Much enlarged.
Organism	Myxococcidium stegomyiæ.	Plasmodium.

Symptoms in Common.—Shivering; high temperature; icteric tint; and, in pernicious cases, vomiting and hæmorrhage.

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